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Barriers of African American Football Student-Athletes in Seeking Mental Health Services

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Health, Sport, and Exercise Science

by

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Abstract

Nearly half (48%) of collegiate football student-athletes are African American (NCAA, 2018). African American student-athletes face adversity at their respective institutions in the forms of racism and unfair treatment (Hill, Hall & Appleton, 2010). African American male student-athletes face educational stressors, campus stressors and athletic stressors. These stressors consist of academics, family, athletics and social relationships (Miller & Hoffman, 2009). Many African American student-athletes do not seek mental health treatment due to their status on campus (Watson, 2006). However, few studies have examined mental health and barriers for African American male student-athletes when seeking mental health services. As such, the purpose of this study was to examine the role of mental health with African American male Division I football players, as well as the perceived barriers they face in seeking professional treatment. Semi-structured interviews were conducted with nine African American football student-athletes at a Division I, Power 5 institution. Research produced four major themes. Two themes were associated with the first research question. Stress and “We don’t need it.” The second research question identified weakness and silence as major themes. Data suggested that stress played a role in the lives of these participants. “We don’t need it” focused on the participants perception that they did not need mental health treatment. Participants felt that football served as therapy. Data revealed that the second research question was defined by weakness and silence.. Silence was explained by the lack of awareness and promotion of mental health services. The results of this study allow for the NCAA, Coaching Staff’s, Athletic Departments and Communities to provide assistance in seeking mental health treatment and eliminating the barriers associated with seeking mental health treatment. This study will help promote the understanding of African American male Division I football players and how they perceive the role of mental health within their lives.

It will also provide clear insight to barriers that this population faces when seeking mental health services. Mental health continues to be an epidemic in the United States that deserves the attention of mental health practitioners, government agencies, the general population student-athletes, coaches and families.

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This has truly been an eye opening experience. I feel as this population needs and advocate to make sure they are getting the services needed to be successful as young men. Their mental health and well-being should be a concern of all of ours. I strive to promote wellbeing and positive mental health for all student-athletes. To be their voice has one of the greatest pleasures I have ever had. Lastly every word that I have written is dedicated to my late great exceptional Grandmother Erma L. Officer

Table of Contents

CHAPTER I: INTRODUCTION	1
CHAPTER II: REVIEW OF LITERATURE	11
CHAPTER III: METHODS	40
CHAPTER IV: RESULTS.....	60
CHAPTER V: DISCUSSION AND CONCLUSION.....	93
REFERENCES.....	113
APPENDICES.....	131

Chapter 1: Introduction

There are currently 14,069 African American male Division I student-athletes who play college football (NCAA, 2018). This figure accounts for 48% of all Division I football student-athletes (NCAA, 2018). African American student-athletes cope with isolation, racism, fear from others for simply being a African American male, and the belief that African American males are only on college campuses due to their athletic ability (Beamon, 2014). Beamon (2014) described that even though African American male student-athletes may be viewed as elite athletes it does not hide them from negative attention on college campuses. Negative stereotypes, racial discrimination, and isolation undoubtedly lead to depression and anxiety among this population (Hill, Hall & Appleton, 2010). Division I college campuses have mental health services available to their student-athletes in the form of psychologists and therapist (Brown, 2016). However, many African American male student-athletes are not seeking professional mental health services (Watson, 2006). Several factors play a significant role regarding why African American male student-athletes do not underutilize mental health services (Lopez & Levy, 2013). Barriers to seeking service for African American male student-athletes include lack of time due to practice, and game responsibilities, peer and societal stigma that may affect others perception of them, and finally being labeled as someone who has a mental illness (Lopez & Levy, 2013). The aforementioned issues and reluctance to seek professional create a cause for great concern for African American male student-athletes. Graduation rates and overall experience of African American male student-athletes at Historically White Institutions (HWI) is of growing concern (Sellers, 2000); however, there is a gap in the literature regarding the mental health of this population.

African American males face adversity regarding their sport participation, pursuit of a degree, acclimation to campus life, career aspirations, and family obligations (Beamon, 2014;

Brown, 2016). A major barrier opposing matriculation for African American male student-athletes revolves around the negative perceptions that professors has of this population (Brown, 2016). African American males are viewed as less than serious students, viewed with negative assumptions of their educational abilities, and perceived to be low achieving academically (Brown, 2016). The mental health of African American male student-athletes requires immediate attention. Preserving the importance of the African American male student and the African American man in general is predicated on understanding the role of mental health within their lives. As such, African-American male college students are considered one of the most at risk student populations on campus (Slater, 2007).

Student-athletes face an array of circumstances and experiences contributing to not only a decrease in quality of life but also a decrease in psychological wellbeing (Etzel 2009; Johnson & Ivarson, 2011; Steffen, Pensgard, & Bahr, 2009). Mental health is defined as “emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others and make choices” (MentalHealth.gov, 2019, para. 1). Etzel (2009) found that that student-athletes face increasing levels of stress, depression, and burnout due to their workload and stringent environmental settings. Student-athletes are a distinguished and unique group of people on collegiate campuses across the nation. The overall stressors endured by the student-athletes are an enormous. Academic expectations in conjunction the athletic and physical demands, team responsibilities including practice schedules, travel, and games may cause student-athletes to be at risk for mental health issues (Moreland, Coxe, & Yang, 2017). The social aspect of life also plays a major role in regards to stress of student-athletes. Maintaining an identity and the development of friendships can become a demand and create burnout (Gustafsson, Hassmen, Kentta, & Johansson, 2008). A recent study shows that

21% of student-athletes reported bouts of depression while participating in their sport (Yang, Peek-Asa, Corlette, Chang, Foster, & Albright, 2007). As reported by Fenge et.al since (2000) the American College Health Association reports that the amount of college aged students diagnosed with depressive disorder has increased by 10-15% (Fenge et.al 2017).

Student-athletes are often times valued for their physique and athletic ability, yet their mental health is continually overlooked. Psychologists feel that athletes are an at-risk population for mental health concerns (Hebard & Lamberson, 2017). According to Bauman (2016) athletes have received below average support in an attempt to help this population manage their mental health issues. Sports and society encourage toughness and discourages any sign of weakness. Studies have shown that a decrease in psychological wellbeing has a chance of going undetected or untreated (Hill, Hall, & Appleton, 2010; Noblet, Rodwell, & McWilliams, 2003). The athletic environment alone can cause stress and anxiety (Hill, Hall & Appleton, 2010). Many factors increase the chance of mental-health issues and disorders, such as sport-related stress, new environments, distance of family, and freedom as a young-adult (Noblet, Rodwell, & McWilliams, 2003). Mental health can contribute to depression, which is the leading cause for disability and a factor in most suicides (Whiteford, Degenhardt, & Rehm, 2010). According to the National College Health Assessment, 31% of male student-athletes and 48% of female student-athletes report issues of depression and anxiety (Moreland, Coxe, & Yang, 2017). Risk factors for student-athletes have been reviewed including ineffective coping strategies, overtraining, and poor environment, which may all play a role in decreased psychological wellbeing (Puente-Diaz & Anshlem, 2005).

Mental health consist of four components: overall state of well-being, the handling of normal life stressors, progression of working successfully along-side those stressors, and ability

to make a contribution to their environment (World Health Organization, 2014). Mental health requires an individuals to be truthful with themselves and their surroundings, accepting of themselves, seeking a positive quality of life, autonomy, and most importantly the ability to effectively create a harmonious personal environment (Jahoda, 1958). Jahoda (1958) suggests individuals must show proficiency in work, interpersonal relationships, and leisure. Other major conceptual factors found by Jahoda (1958) were having the ability to adjust, adapt, and being an efficient problem solver. African American male student-athletes face several variables such as low socioeconomic status, single-parent homes, and discrimination even before they reach Division 1 campuses (Hurd, Stoddard, & Zimmerman, 2013). Such variables along as well as the concerns that await student-athletes as they arrive on campus are troubling. The effort and energy that it takes for a student-athlete to successfully master their environment and do so without any mental health coercers is nearly impossible (Brown 2016). Moreover, these students are suffering, stigmatized and simply looking for understanding as they pursue their academic and athletic careers (Beamon, 2014).

Mental Health Concerns

Mental health concerns continue to be a growing problem within the United States inflicting morbidity and impairment (Demyttenaere et al. 2004). Such mental health conditions include, but are not limited to: depression, post-traumatic stress disorder, anxiety, schizophrenia, personality disorder, and suicidal ideation (National Institute of Mental Health, 2017). According to the National Institute of Mental Health (2017), one in five American adults have a mental illness. The National Institute of Mental Health (2017) suggests that only half (44.6%) of the population with mental health disorders receive treatment for their illness, meaning 56.4% of adults with a mental health disorder go untreated. Statistics from the National Institute of Mental

Health (2017) concluded that women had a 21.7% of mental health illness and men had a 14.5% rate of mental health illness. The prevalence of mental health was found to be 22.1% in young adults (18-25), 21.1% on those 26-49, and 14.5% among individuals 50 and older (National Institute of Mental Health, 2017).

Parks, Svendsen, Singer, and Ellen (2006) suggest that individuals with mental health illness die at a much younger age than those that do not have a mental health condition. It is now thought that individuals with serious mental health illness are dying 25 years earlier than those who do not have mental illness (Parks et al., 2006). This is a serious public health crisis. While suicide and injury account for about 30-40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases (Parks et al., 2006). People with serious mental illness also suffer from a high prevalence of modifiable risk factors, in particular obesity and an increased risk of substance abuse (Parks et al., 2006). The State of Mental Health In America (2017) suggested over two million youth are coping with major depression that co-occur with substance abuse, or anxiety. Forty-eight percent of Americans have at least one substance related disorder (Najt, Fusar-Poli, & Brambilla, 2011). Seventy-nine percent are shown to have two disorders and 14% have three substance abuse disorders throughout their life (Najt et al., 2011). The State of Mental Health In America (2018) revealed that 7.93% of adults in America reported abusing a substance within the past year. American adults reported using illegal drugs at a rate of 2.76% in the past year. It was also reported that American adults abused alcohol in the past year at a rate of 6.9% (Najt, Fusar-Poli, & Brambilla, 2011).

Suicide is also a major concern regarding mental health (Parks et al., 2006). Suicide rates have increased over the years and continue to increase amongst young men (Quinlan-Davidson,

Sanhueza, Espinosa, Escamilla-Cejudo, & Maddaleno, 2013). An incident of suicidal intention or attempt was reported by at least 4% of adults in the U.S. (The State Mental Health In America, 2018). Suicide is estimated to be the second leading cause of death of individuals' aged 10-34 (National Institute of Mental Health, 2017).

Depression is a major mental illness in the United States (National Institute of Mental Health, 2017). Depression can be caused by genetic factors and environmental factors (National Institute of Mental Health, 2017). Factors of depression can include socioeconomic status, trauma, stress, extreme life events, suicidal ideations, family death and isolation (Sullivan, Neale, & Kendler, 2000). According to the National Institute of Mental Health (2017) 44% of adults in America were treated for depression and nearly 37% of U.S. adults with major depressive disorder received no treatment from a doctor or mental health professional. It is estimated that nearly three million adolescents ranging in ages from 12 to 17 experience at least one bout with depression (National Institute of Mental Health, 2017). Children who suffer from depression are more likely to face the same struggle as an adult (The State of Mental Health In America, 2017). It was also reported that 61.5% of youth in the United States who suffer from depression go untreated (The State of Mental Health In America, 2017). Late diagnosis for children and the lack of medical coverage and mental health services often times leads to the child receiving no medical treatment (The State of Mental Health In America, 2017). Mental Health continues to be a health epidemic in the United States that deserves the attention of mental health practitioners, government agencies, the general population student-athletes, coaches and families affected by mental health illness.

Stigma in Mental Health

Mental health stigma is an obstacle that deters people from receiving mental health care. Stigma is associated with calling people ill, labeling them and their families and limits treatment options (Sartorius, 2017). Stigma makes community and health decision-makers see people with mental illness with low regard, resulting in reluctance to invest resources into mental health care. Furthermore, stigma leads to discrimination in the provision of services for physical illness in those who are mentally ill, and to low use of diagnostic procedures when they have physical illness (Henderson, Evans-Lacko, Thornicroft, 2013). Stigma causes up to 70% of people with mental health illness to not receive treatment due to prejudice against them and their mental condition (Henderson et al., 2013). Over the years attitudes have changed in regards to mental health. However, many of the same stereotypes such as individuals with mental health issues are dangerous, unsafe, incompetent, and not strong enough to handle life's every day issues (Schomerus et al., 2012).

Statement of the Problem

Factors that contribute to student-athletes psychological wellbeing and the acceptance of services provided to them is a trending topic in research circles. The National College Athletic Association ([NCAA], 2013) found that mental health is the top health concern facing student-athletes. Research shows various factors may induce the onset of mental health issues such as living in a new environment, risk taking behavior, alcohol and eating disorders. Issues of mental health can include substance abuse, suicide, depression, stress, anxiety, alcohol abuse, and eating disorders (NCAA, 2013). There are many barriers that prevent student-athletes from seeking health such as poor mental health literacy and negative stereotypes of mental health issues (Gulliver, Griffiths, & Christensen, 2010; Kelly, Jorm, & Wright, 2007). Other barriers that exist in regards

to student-athletes not seeking services are attitudes towards race or ethnicity; negative experiences with mental health professionals, stigmas, belief that there is no problem or simply that the problem will magically disappear (Gulliver et al., 2012).

Cox, Ross-Stewart & Foltz (2017) finds upwards of 25% of student-athletes were unfamiliar with their universities mental health services and locations of services on campuses. Many athletic departments do not field full-time or part-time mental health professionals for their student-athletes. Having adequate and accessible services is a major key in maintaining student-athlete safety and psychological wellbeing (Moore, 2016). An astonishing 148,500 of 450,000 student-athletes identify with symptoms of depression (Cox, 2015). Depressed student-athletes are at-risk of suicide (Miller & Hoffman, 2009). The athletic and academic pressures are shown to have a direct effect on student-athletes overall depression and suicidal levels. This is due to feeling as their only identity is an athlete and mental health professionals would not be able to identify with their unique circumstances (Miller & Hoffman, 2009). Student-athletes are reluctant to seek services for mental health because of the perception their coaches, teammates, and fans will have of them (Brewer, Van Raalte, Petipas, Buchman, & Weinhold, 1998). According to Watson (2005) services offered may not match the current needs of student-athletes, and expectations that student-athletes have.

African American Student-Athletes

Student-athletes come from a variety of backgrounds including socio-economic statuses, single-parent homes, first-generation student-athletes and limited educational resources (Penrose, 2002; Wohlgemuth et al. 2007). One unique population of student-athletes is African American student-athletes. African American males are unfairly stereotyped on college campuses and identified as only an athlete and not an actual person (Campbell, 2019). Such stereotypes often

creates led to a negative mindset within African American student-athletes and all but certainly causes for issues with wellbeing (Hudson-Banks & Kohn-Woods, 2007; Steinfeldt, Reed, & Steinfeldt, 2010). Student-athletes face daily issues that impact them mentally (Miller & Hoffman, 2009). The impact of academics, competition, practice, family life, campus activity, and relationship with coaches and university staff has a direct effect on an individual's psychological wellbeing (Miller & Hoffman, 2009). The importance of identifying and treating these issues is of major concern to the NCAA and universities alike. Student-athletes must feel comfortable with services rendered at their respective universities, as well as be aware of where to receive such services on campus. Furthermore, mental health services are not as accessible as they should be on their campuses (Moore, 2016).

Social Significance

Student-athletes have historically shown an unwillingness to utilize mental health services provided to them (Bergandi, & Wittig, 1984). Student-athletes typically speak with family or friends in regards to their mental health issues, as opposed to a mental health professional (Selby, Weinstien, & Bird, 1990). Student-athletes tend not to seek mental health services within their athletic department and campus community due to the thought process that counselors will not understand their struggles as an athlete and special nature of being a student-athlete (Greenspan & Anderson 1995). Mental health counseling is a needed and valued profession within the United States and strives to produce positive outcomes for individuals with personal issues including mental health issues. As stated in Vescovelli, Melani, Ruini, Bitti, and Monti's research (2017) mental health services provided should be able to treat students who are in psychological distress. These services may reduce the onset of psychological disorders and distress by guiding students as they deal with life experiences, athletic endeavors, and any previously diagnosed disorders.

Student-athletes are very reluctant to obtain the services of mental health professionals while they are on campus and even more so against utilizing their universities sport psychologist (Brewer et al. 1998). Maniar, Curry, Sommers-Flanagan, & Walsh (2001) suggest student-athletes refute mental health treatment or counseling services due to the title of the mental health professional, diagnosis or misdiagnosis, race, culture, family perception, teammate perception, and previous experience with a counselor or mental health professional. Rates of mental health issues and poor psychological wellbeing continue to increase on a yearly basis in higher education (Carton & Goodboy, 2015). Eisenberg, Gollust, Gollberstein, & Hefner (2007) report 15% of undergraduate and 13% of graduate students were diagnosed with a depressive or anxiety disorder. Research suggests that students who have been diagnosed with poor psychological wellbeing or difficulties do not achieve as highly in school as their counterparts. It was determined that students with psychological difficulties display lower communication and social skills (Flora & Segrin, 1998). Psychological stress also has a role in wellbeing. Psychological stress is considered a direct state of tension, agitation, and preoccupation reported as a result of daily events in an individual's life (Lemyre & Tessier, 2003). High levels of stress, depression, or anxiety can account for negative or decreased wellbeing. The stress can cause the student to have lack of fulfillment, interaction, and involvement in their personal life and the campus community. Ryff (2012) found that psychological wellbeing is important to an individual's behavior and their positive or negative navigating of their current environment. Psychological wellbeing, and services provided to student-athletes on Division I campuses has been and will continue to be a widely searched research topic. Given that mental health is an epidemic on campuses across the nation and student-athletes do not seek mental health treatment, the purpose of this study was to examine the role of mental health with African American male Division I football players, as well as the perceived

barriers they face in seeking professional treatment. Specifically, this study strives to answer the following research questions:

RQ1: How do African American male NCAA Division 1 football student-athletes describe the roll of mental health within their lives?

RQ2: What barriers does this population perceive in seeking professional mental health service?

Chapter 2

Literature Review

The purpose of this chapter is to examine relevant literature as it relates to mental health illness, concerns, or issues of African American male Division I football players on college campuses. Information that provides keen insight to this subject matter will be included throughout this chapter.

What is Mental Health?

Mental disorders account for the most common cause of disability within youth and young adults in the United States (World Health Organization 2005, 2001). Statistics estimate that upwards of 15%-20% of adolescents and young adults are suffering from a psychological disorder (World Health Organization, 2005; 2001). Statistics also report that 70% of all mental illness occur prior to the age of 25 (Kessler, Berglund, Demlo, Merikangas, & Walters, 2005). Mental health conditions that are not treated during their onset can create a negative impact within relationships, well-being, social development, and overall health (McKewan, Waddell, Barker, 2007). Mental health care in the twentieth century has dramatically increased due to empirical breakthroughs such as medication and political awareness and infirmity of mental health illness. In the last century mental health consumed as much as 12% of national health

budgets for many countries (Singh, 2003). Such issues as poverty, and low socioeconomic status have a direct correlation with mental health illness and psychological disorders (Lund, et al., 2010). Mental health and substance abuse disorders are among leading causes of disability, and the number is expected to continue to increase (Murray & Lopez, 1996). Family background, culture, and environment affect an individual's emotional, social, and biological development. An unstable environment can attribute to stress for an individual and is directly related to physical and mental health (Taylor, Lerner, Sage, Lehman, & Seeman, 2004). Traumatic events that occur during life whether in adolescence or adulthood can cause serious and ongoing mental health issues including post-traumatic stress disorder (DSM-IV, 2000). According to Jennings (2004), 90% of all U.S. mental health patients have had at least one bout with trauma in their lives. Mental health illness can often be identified in adolescents as anxiety, depression, mood disorder, eating disorders, substance abuse, personality disorder and psychosis are common issues of adolescents dealing with mental health issues (Paus, Keshavan, Giedd, 2008). Mental health illness is a condition that affects how a person thinks, feels, or type of mood they have. Negative mental health will affect overall daily functioning and how they interact with others (National Alliance of Mental Illness, 2019).

Why is Mental Health Important?

Mental health is extremely important to understand because mental illness accounts for 13% of disease in the world (World Health Organization, 2004). Among this 13% of diseases include: schizophrenia, depression, dementia, alcohol dependence, and substance abuse (World Health Organization, 2004). It is estimated that by 2020 1.5 million people will successfully commit suicide yearly, and a staggering 15-30 million people will have a suicide attempt each year (Bertolote & Fleischmann, 2002). In spite of the exposure and influence of mental health

services and treatments in adolescents and young adults, there is still a major need for resources that are readily available (Belfer, 2008). According to Sachs & McArthur (2005) when mental health issues in adolescents are not properly treated in low resource communities it creates more of a public health epidemic. Many mental health treatment inequalities can be traced back to social, economic, and environmental circumstances (Whitehead & Dahlgreen, 2006). Lemstra et al. (2008) found that depression and anxiety in adolescents in low socioeconomic communities is twice as high as adolescents with high socioeconomic status. Mental health is valuable because it contributes to an individual's ability to function within their society (Manwell et al., 2014). Even as mental health is becoming understood it still remains neglected and aggressively stigmatized (Lancet.com, 2007).

Mental Health Among College Students

Mental Health Concerns Among College Students. Most individuals with mental health illness are diagnosed during young adulthood (Kessler et al. 2005). College students are large population within the United States and will undoubtedly have a meaningful impact on society (Stewart-Brown et al., 2000). The National Center for Education Statistics (2018) report that nearly 19.9 million students are currently enrolled in colleges or universities across the United States. Institutions of higher learning have been shown to cause and increase pre-existing conditions of mental and physical health issues such as depression and anxiety (Furr, Westefeld, McConnell, & Jenkins, 2001). It was reported by Furr et al. (2001) that at least half of all enrolled college students reported signs of depression since their enrollment into college, with nine percent of students reported suicidal ideation.

College students face stressful experiences as they enter institutions of higher learning (Hallett, McMarcus, Maycock, Smith, & Howat, 2014). The experience that this population faces

is different from non-students their age (Gallagher, 2011). Due to these stressful situations college students are at risk of developing depression and other mental health issues (Brandy et al., 2015). Mental illness such as depression has significantly increased over the years on college campuses (Brandy et al., 2015). Depression in college students can lead to negative life satisfaction and may result in suicidal ideation. (Brandy et al., 2015).

Due to these stressful conditions students suffering from mental health issues may revert back to past negative activities or create new ways to cope with mental health illness (Patel, Fisher, Hetrick, McGorry, 2007). Some college students may resort to alcohol and other illicit drugs in order to cope with such suffering (Ahern, 2009). Mental health issues among college students are a concern as such issues can matriculate into adulthood (Patel, Fisher, Hetrick, McGorry, 2007). College students are reported to have psychological distress equivalent to their age group of individuals who do not attend college (Hussain, Guppy, Robertson, & Temple, 2013).

Common mental health concerns of college students such as anxiety, along with the burden of creating new relationships, and maintaining academic standards can cause distress (Brandy, Penckofer, Solari-Twadell, & Velsor-Friedrich, 2015). It is estimated that 75% of young adults with anxiety have their first experience with it by the age of 21 (Kessler et al., 2005). Transitioning to college for young adults creates a higher risk for suffering from mental health issues, due to their new surroundings, academics and living arrangements (Brandy et al., 2005). College students who face these environmental changes, lifestyle changes and academic changes may have increased alcohol consumption (Hallett, McMarcus, Maycock, Smith, & Howat, 2014). Mental health amongst college students is a major concern in the United States. Up to 25% of college students who did not disclose mental health issues revealed that in their

second year of college that had been faced with a mental health issue (Zivin, Eisenberg, Gollust, & Golberstein, 2009).

Forty percent of college students fail to seek health for their mental health issues, 80% at some time during their college years feel overwhelmed by their responsibilities as a student, at least 50% have struggled from anxiety, 30% of college students have reported problems with coursework due to mental health problems, and 50% of college students reported that their overall mental health was below average (College Stats.org, 2018). The American Psychological Association (2013) reports that 95% of college counseling centers stated the number of students with psychological problems is a growing concern in their centers on campus. The Association for University and College Counseling Center Directors Annual Survey (2017) reports college students present with anxiety most frequently, followed by stress, depression, and suicidal ideation. Campus counseling centers spent an average of 65% providing direct clinical services to college students (The Association for University and College Counseling Center Directors Annual Survey, 2017). College life is stressful and brings new life obstacles that can greatly affect an individual's mental health and wellbeing. College students must know where support centers are located on campus in order to receive proper treatment for mental health issues (The National Alliance on Mental Illness, 2019).

Due to situations of active shooters across the United States, mental health within the college population is considered a hot topic (Castillo & Schwartz, 2013). The landscape of mental health within college communities is changing in regards to response by university of mental health needs of their student body (Soet, Sevig, 2006). According to the Center for Behavioral Health Statistics and Quality (2015) college students have a higher prevalence of mental distress, lower level of functioning, and issues with coping methods due to mental health

illness and suicidal ideation. According to Bushong (2009) during the past decade campus mental health services have seen an uptick in the number of students who are seeking mental health services while on campus. The number of students who accurately report using medication to treat mental health issues on campus has also increased over the past decade (Gallagher, 2011). In 2010, The American College Health Association polled over 30,000 university students across 39 campuses. The alarming results of this survey showed that mental health, and psychological disorders increased significantly. According to the study upwards of 28% of students stated they were depressed (The American College Health Association, 2011).

The American College Health Association (2017) found that 66.7% of college students in the United States used alcohol, 20% of college students reported using illegal drugs, and upwards of 30% reported being either diagnosed or treated for a mental health disorder. Mental illness is very common amongst college students. It is reported that one in four college students has a diagnosable illness, 40% do not seek help, at least 80% feel overwhelmed by their responsibilities, and 50% have become so anxious as a college student that they have regular difficulty with school (Best Colleges, 2019). The increase of students on college campuses seeking counseling and other forms of treatment continues to rise.

Mental health issues have a direct effect on student experience while on campus and retention rates of students (Kitzrow, 2003). In a study conducted by Hunt and Eisenberg (2009) assessing mental health on college campuses focus was places on the (1) current state of mental health in the college student population, (2) risk factors among college students, (3) the apparent worsening in recent years of mental health in this population, and potential explanations for this trend, (4) the extent to which students with mental health problems are receiving treatment. This study found using the Patient Health Questionnaire-9 that 17% of college students identified with

depression, 9% had major depression, and 10% of college students had anxiety. College students have an increased chance of encountering mental health issues (Hassin, Stinson, Ogburn, & Grant, 2001).

Male college students have a higher rate of suicidal ideation, as female college students more frequently face depression and anxiety (Eisenberg, Gollust, Golberstein, Hefner, 2007; Silverman, Meyer, Sloane, 1997). College students with relationship issues, past or present sexual abuse, and poor social support while on campus also suffer with mental health issues (Blanco et al., 2008; Hefner & Eisenberg, In Press; Kisch, Leino, & Silverman 2005; Stepakoff, 1998). A more complete understanding of students with mental health issues is needed to further understand this issue as the current literature provides limited information on college student mental health (Soet & Sevig, 2006).

Mental Health in Student-Athletes. Due to competing demands of school and sport, college student-athletes may have reduced time for academic and career planning potentially limiting their successful transition and may cause overwhelming amounts of stress. (Bjornsen & Dinkle, 2017). Increased academic pressures, longer playing seasons, pressure from coaches to win, and the commercialization of college athletics has a profound impact on the mental health of student-athletes (Brown, 2014). First generation college students report increased rates of posttraumatic stress disorder symptoms, inferior life satisfaction, and superior rates of single-event traumatic stress than continuing-generation college students. (Jenkins et al., 2013). Czyzewska and McKenzie (2016) study shows that non-Caucasian, male first-generation college students were at heightened risk for binge drinking and other mental health issues. College student-athletes are faced with enormous pressures and disadvantages. Seventy-one percent of college student-athletes students are more likely to leave college within their first year compared

to their counterparts (Pratt, Hunter, Hardwood, Cavazos, & Ditzfield, 2017). African American student-athletes experience at their universities and the lack of support services offered are among the reasons they experience a less than memorable educational and athletic experience (Horton, 2011). The increased demands on student-athletes time have come as more money is poured into big-time college sports. New conference alignments led to increased travel for students in many programs. The continual growth of television revenue has come with warfare against student athlete's time and responsibilities in the classroom that may lead to issues with depression and anxiety (Wolverton 2016). Mid-week competition often times causes stress due to traveling, missing class, and competition. These issues create a direct effect on psychological wellbeing (Dubuc-Charbonneau, Durand-Bush, & Fomeris, 2014).

The overwhelming expectations coaches face regarding winning has made many coaches reluctant to give their teams a day off. These changes have given student-athletes less time to be actual students and integrate into the campus community (Gould & Whitley 2009). NCAA rules require teams to take one day off a week during the traditional playing season; however, in the hypercompetitive world of college sports rest day or scheduled day off don't always equate to rest and relaxation. Many teams travel on their days off, taking advantage of an NCAA mandate that does not count travel time as part of the 20-hour restriction (Wolverton 2016).

Time constraints and restrictions cause issues in the classroom for African-American student-athletes (Horton, 2011). African American males earned 72% of credit hours they attempt, less than all other races (Horton, 2011). Within African American males, differences between socio-economic status showed that African American student-athletes with high socio-economic status completed 82% of credit hours enrolled and those identified with low socio-economic status completed 67% of credit hours attempted (Horton, 2011). Despite the time

invested and energy put into academics or what they termed educationally effective practices they were still found to underperform their White peers (Greene et al. 2008). Graduation rates of college students are the most tangible measures of student outcomes and success.

By this measure, African-American male college students are considered one of the most at risk students on campus, having the lowest graduation rates of any other demographic group (Slater, 2007). According to Harper, Williams, and Blackmon's (2013) longitudinal study of 76% universities in major Division I conferences, only 50.2% of African-American male student-athletes graduated within six years and 55.5% of African-American men overall. This is in comparison to 66.9% of all student-athletes, 72.8% of undergraduate students overall. The graduation rate of African American student-athletes is a hard pill to swallow and will take the efforts of universities, coaches, athletic personnel, and families to improve this disparaging rate. Ferrante, Etzel, & Lantz (1996) found that extensive time demands such as lack of rest, early or late class times, and travel for competition can play a significant role in stress that student-athletes experience while on campus. Managing the time demands that a student-athlete faces and even more the time devoted to practice and participation can pose problems that lead to increased chances of mental and physical exhaustion (Ferrante, Etzel, & Lantz, 1996). Furthermore, compounding the mental health and stress challenges faced by student-athletes is the fact that "college athletes who experience stress at high levels are more likely to experience distress and make poor decisions. (Wilson & Pritchard, 2005).

Intercollegiate athletics have undergone several restructuring periods that are associated with the challenges of balancing academic and athletic excellence. The NCAA has compiled a new set of policies directly associated with relation to time allowance and sport participation (NCAA, 2017). Universities that are NCAA member institutions require no greater responsibility

of an Athletic Director (AD) than ensuring the wellbeing of the student-athletes for whom the university is responsible (NCAA, 2017).

Wins and losses matter in collegiate sports, however, the ultimate goals are the safety and the academic/social development of student-athletes (NCAA, 2017). Several elite level collegiate athletes report that most times they spend at least 40 hours a week in their respective sports (Wolverton, 2016). Student-athletes report the emphasis on sports is too great, limiting their opportunities to enroll in significant or even stringent majors, study abroad, or gain internship experience (Wolverton, 2016). Pressure to succeed, extensive traveling, and intense training schedules can cause stress and overshadow the positive outcomes associated with their respective sport and decrease psychological wellbeing of student-athletes (Gould & Whitley, 2009).

Sport-related stressors that student-athletes face vary, but all have an effect on examinations, assignments, developing social personal relationships and life skills (Gustafsson, Hassmen, Kentta, & Johansson, 2008). Student-athletes must ensure that they remain competitive academically and athletically (Gustafsson, Hassmen, Kentta, & Johansson, 2008). The physiological, emotional, and stress that can result in student-athletes inability to cope with the demands they face. These demands can contribute to burnout within student-athletes (Gustafsson, Kentta, & Hassmen 2011; Raedeke & Smith 2004).

New (2015) found that 409 student-athletes had due to excessive time demands, student-athletes differed from high level of stress, anxiety, depression and loss of sleep which hinders athletic and academic performance. Psychological wellbeing in student-athletes is a major concern within college athletics (NCAA, 2016). Athletes who participate in intercollegiate athletics face dual roles or dual responsibilities (Etzel, 2006). The student-athletes are weighed down with the responsibility of practice, performance, class, community obligations, personal

and the need to be academically eligible/competitive (Etzel, 2006). Such factors can lead to a low self-worth, depression, loss of interest, and decrease in psychological wellbeing (Etzel, 2006). Student-athletes are asked to compete at a high level in their respective sport, life, and the classroom. The time demand, time constraints, contact/practice hours are too much for student-athletes to cope with (Deci, Koestner, & Ryan, 1999; Long, & Caudill, 1991).

A previous study concluded that student-athletes in the Pacific Athletic Conference (PAC 12) are dealing with burnout and stress related issues due to time demands from their respective sports, and school schedules (Dodd, 2016). This stress creates anxiety, depression loss of sleep, poor athletic performance, social performance and decreased functioning in other non-athletic pursuits (Pope, 2009). The Pac 12 study calls for athletic directors to monitor their student-athletes athletic requirements (Dodd 2016). The burnout that student-athletes face is due to their workload as athletes (Dodd 2016).

Barriers to Receiving Professional Treatment

As mental health illness continues to affect a significant portion of the population in the United States (Gulliver, Griffiths, & Christensen, 2012), those affected often do not pursue professional help due to many barriers (Gulliver et al., 2012) including low socio-economic status (Hurd, Stoddard, & Zimmerman, 2013), transportation issues (Williams & Williams-Morris, 2000), cost of care (Rowan, McAlpine, & Blewett, 2013), stigma and stereotypes (Wang et al., 2005), poor literacy (Antande et al., 2013), and the media (Wang, 2009). A staggering 57% of individuals affected with mental illness do not receive any professional help (Valera Health, 2017).

A study conducted by Gulliver et al. (2012) focused on young elite athletes and their perceptions of barriers and facilitators to receiving treatment for mental health problems.

Gulliver et al. (2012) effectively map out a strong foundation that provides insight of student-athletes and barriers that keep them from receiving services. Young people with mental disorders often do not seek help for mental health issues, elite student-athletes face mental health concerns, however there is minimal empirical evidence detailing their experiences and if they actively seek professional help. Gulliver et al. (2012) concluded that young elite athletes experience mental health concerns comparable to the general population. Sport related stress, acclimation to a new living environment, binge drinking, risky behavior, and eating disorders especially in weight-dependent sports such as football equal psychological distress (Bruner, Munroe-Chandler, & Spink, 2008; Gulliver et al, 2012; Nattiv, Puffer, & Green, 1997; Noblet, Rodwell, & McWilliams, 2003; Smith, Scott, Fallon, & Young, 1990; Smith, Scott, & Wiese, 1996; Sundgot-Borgen, 1994; Sundgot-Borgen, & Torstveit, 2004; Wetherhill & Fromme, 2007). Furthermore, concussions from sport can also lead to depression and continue well after their playing career (Gulliver et al, 2012).

Increasing awareness of student-athletes who are not seeking help for mental health concerns highlighted four major components as barriers to seeking mental health treatment (Gulliver et al., 2012). Gulliver et al. (2012) utilized focus group methodology to enhance the ability to receive prominent information from the participants. Low mental health literacy, attitudes towards mental health, culture, stigma, stereotypes, and everyday life barriers such as transportation, finances, and access are the major reasons that keep student-athletes from receiving services (Abram, Paskar, Washburn, & Teplin, 2008; Gulliver, & Christensen, 2010; Jorm & Wright, 2007; Rickwood, Deane, & Wilson, 2007).

The results of the thematic analysis suggest that mental health problems can arise from: performance issues, injuries, athlete conduct, weight control, and lifestyle choices. Gulliver et al.

(2012) found that 44% of participants were embarrassed to receive professional help. Major themes in regard to barriers that arose from this study were public, perceived, personal, and self-stigmatizing attitudes that the student-athlete developed (Griffiths, Christensen, Jorm, Evans, & Groves, 2004; Gulliver et al., 2012). In Gulliver et al. (2012) study, participants ranked barriers to help-seeking behavior as 1) not knowing how to identify mental health disorders or their symptoms, 2) not knowing when to seek help, 3) and having others know about their condition. Gulliver et al. (2012) displays that student-athletes face barriers to receiving help for mental health issues, and that student-athletes feel they are viewed differently than their non-athletic competing peers. Barriers cause student-athletes with mental disorders to have negative perceptions of themselves and show how their own perceptions of themselves and mental health have an effect on them receiving professional help (Gulliver et al., 2012). The media plays a role in portraying athletes as invincible creatures, which creates barriers to receiving mental health treatment for student-athletes (Gulliver et al., 2012; Lamberg, 2001; Wang, 2009).

Barriers for Student-Athletes. Literature concerning student-athletes pursuit and use of professional treatment for mental health issues does not produce much insight into the overall issue of why student-athletes are not seeking professional mental health services (Moreland, Coxe, & Yang, 2018). Student-athletes may be willing to pursue mental health services, or counseling; however, there are many personal barriers such as relationships, perceptions, and societal factors that limit their pursuit (Moreland, Coxe, & Yang, 2018). Many of the barriers student-athletes face when seeking mental health treatment are placed on them by coaches, parents, family, and other individuals within their sports community (Moreland, Coxe, & Yang, 2018). Athletic staff members, including coaches, often have negative perceptions of counseling, and mental health services, which creates further barriers (Moreland, Coxe, & Yang, 2018).

Furthermore, negative previous experiences with mental health professionals are often a barrier of student-athletes seeking professional help (Moreland, Coxe, & Yang, 2018). Furthermore, student-athletes, and athletic administrations believe that professional mental health services are not provided at the rate they should be on campus for student-athletes to utilize (Moore, 2016).

Generalized Barriers. Cost of care and lack of insurance often create barriers for individuals who need to seek mental health services (Rowan, McAlpine, & Blewett, 2013). Thirty-three percent of individuals with public coverage, 40% of covered individuals with private insurance, and 56% of all individuals who do not have any health insurance do not access professional help (Rowan et al., 2013). In 2009-2010 cost of mental health services increased which furthered the gap of individuals receiving services (Rowan et al., 2013). Low socioeconomic communities face several barriers to pursuing mental health treatment such as overall lack of mental health treatment professionals, drug and substance abuse issues, and economic strain (Roberts, Robinson, Topp, & Newman, 2008). Individuals with no knowledge of having a mental illness or even having the slightest thought of being in need of professional services also serves as a vital barrier for those who should seek services (Antande et al., 2013).

Barriers for College Students. College students suffer greatly from mental health concerns (Moreland et al., 2018). An overwhelming amount of barriers exist for this population including stress, and time management issues (Moreland et al., 2018). College students many times are not familiar or even unaware that professional service is available on their respective campuses (Eisenberg, Golberstein, & Gollust, 2007). College students' attitudes towards mental health services, medication, and practical therapy show that there is not a true belief system in their effectiveness (Eisenberg et al., 2007). Eisenberg et al. (2007) also found that upwards of 90% of college students were covered by medical insurance; however, this population is

unaware of where to receive services and if the services would be covered by their insurance provider. Even individuals who are aware of professional treatment are still not utilizing services as effectively as they should (Wang, 2006).

Social and Race Barriers. Social standards and race are direct factors that lead to individuals not seeking services (Wang et al., 2005). Black and Brown minorities, immigrant communities, and males are affected most by these psychosocial barriers (Wang et al., 2005). Wang et al. (2005) found that overarching barrier of pursuing mental health treatment was lack of finances to obtain care, and access to professional treatment. Gender, race, ethnicity, and culture also were determined to be significant barriers of utilization of mental health services (Wang et al., 2005). Race and ethnicity shape attitudes, disposition, comfort levels, and acceptance of mental health care (Alvidrez, 1999; Ojeda and McGuire 2006). Family dynamics such as city or town, community, and home environment develops an attitude that is not conducive with help-seeking behavior. Mental health stigma are often a deterrent for individuals who are in need of care (Cooper, Corrigan, & Watson 2003). Trust of care provided for individuals within these communities also serves as a barrier for receiving services (Thorn, Hall, and Pawlson, 2004). Error in trust, or judgment can cause for poor help-seeking behavior, lack of willingness to return to the service provider, and negative medication or therapy regimens (Thorn, Hall, & Pawlson 2004; Ojeda, & Bergstresser, 2008).

Employment concerns serves as a barrier for those needing mental health services (Dunigan, Farmer, Burns, Hawks, & Steodji, 2013). Around 55% of individuals are not comfortable receiving mental health services because they felt as if it would have a negative effect on their current career and career trajectory (Dunigan et al., 2013). Dunigan et al. (2013) also reported that 51% of individuals believed that their co-workers would view them as being

less reliable at their particular job. Dunigan et al. (2013) concluded that 53% of their participants believed that their supervisor, manager, and other administrative staff would have negative or non-productive attitudes towards them.

Mental Health and African Americans

African Americans over populate low socioeconomic communities and impoverished communities (Gee, Ryan, Laflamme, & Holt, 2006). Higher rates of depression, anxiety and stress were founded in African American adolescents who resided in impoverished communities, and communities with low employment rates (Hurd, Stoddard, & Zimmerman, 2013). It was determined adolescents who lived in poor communities displayed lower levels of social support, which enabled them to isolate themselves from their community support system and ultimately led to negative mental health. Parents also feel helpless due to their current environment, and lack of resources, and most often are unable to help their children receive services (Hur et al., 2013).

Neighborhoods with poor unemployment rates leaves adolescents with a low self-assertiveness to seek help for their mental health issues (Hurd et al., 2013). These issues cause depression and anxiety and reduce the chance of properly coping with mental health issues (Hurd et al., 2013). The findings of this study suggest that neighborhood and living environment directly affect mental health (Hurd et al., 2013).

African Americans with mental health issues face healthcare discrimination (Gee, Ryan, Laflamme, & Holt, 2006). African Americans are rightfully and historically paired with the word discrimination (Gee et al., 2006). Healthcare discrimination is most prominently reported in minoritized communities (Gee et al., 2006). Poor mental health status for many African Americans is directly linked to healthcare discrimination (Gee et al., 2006). African Americans

are not receiving proper treatment based on their ethnicity, culture, race, and socioeconomic status (Williams, 2000; Fisher & Shaw, 1999; Williams & Williams-Morris, 2000; Gee et al., 2006). African American mental health issues are a direct correlation of racism and oppression (Pieterse, Neville, Todd, & Carter, 2012). African Americans that continuously encounter racism, discrimination, and oppression have a higher tendency of dealing with a mental health issue (Pieterse et al., 2012). Racism and discrimination have the strongest effect on mental health along with physical health (Williams, Neighbors, & Jackson, 2003).

Self-esteem, Self-pride, racial-esteem, and identity create poor self-image, self-perception, and poor mental health for African Americans (Mandara, Richards, Gaylord-Harden, & Ragsdale, 2009). As African Americans develop pride in who they are and a strong belief in their culture mental health issues experience will decrease (Mandara et al., 2009). African American adolescent females tend to have high self-esteem, and self-worth but may experience depression and anxiety (Mandara et al., 2009). Experiences of African American female adolescents within their home life can cause for increased mental health issues (Burton, 2007; Mandara et al., 2009). On the other hand African American male adolescents face discrimination and judgment from teachers which causes depression and low self-esteem (Chavous, Rivas-Drake, Smalls, Griffin, & Cogburn, 2008).

Perry, Tabb, & Mendenhall (2015) found that African American males who are exposed to violence, crime, and harsh environments show increased rates of post traumatic disorder, anger, aggression, anxiety, stress and depression. Family support in inner-city communities is vital for African American males and their mental health (Perry, Tabb, & Mendenhall, 2015). This study also found that completely understanding African American neighborhoods, schools, and family background provide keen insight into mental health within African American males

(Perry et al., 2015). This also will provide positive insight to career and educational maturity (Perry et al., 2015). African American adolescent males who suffer from depression are at a higher risk of dropping out of school or having poor educational trajectory (Fletcher, 2008; Perry et al., 2015). African American males underperform educationally compared to African American females and White students. Understanding their environment will further strengthen our knowledge of their psychosocial and mental health issues (Perry et al., 2015). Overall, the mental health needs of African American families are being grossly overlooked and not adequately provided by mental health systems (Biegel, Johnsen, & Shafran, 1997).

Perceptions of Mental Health

Beliefs, perceptions, and attitudes towards mental illness determine how people engage, advocate for, and provide social support (Center For Disease Control and Prevention, 2012). Attitudes towards mental illness are cultivated through obtained knowledge, providing direct care for individuals with mental health issues, stereotypes, and media perception (Center For Disease Control and Prevention, 2012). Perceptions, attitudes whether negative or positive come from many sources such as media (Carter, 2015), religion (Brewer, Robinson, Sumra, Tatsi, & Gire, 2015), communities and culture (Schnittker, Freese, & Powell, 2000). Mental illness and mental health receive negative labels that promote poor perception of individuals affected by mental illness (Angermeyer & Matschinger, 2003). Individuals with mental health illness are seen as dangerous, unstable, and even scary (Angermeyer & Matschinger, 2003; Carter, 2015). Mental illness or mental health have been depicted on television, and help create a culture of negative stereotypes, biases, and a dangerous people (Carter, 2015). Violence, lack of education, and being forever labeled as mentally ill are common thoughts of individuals with mental illness due to media perceptions (Carter, 2015).

Religion is seen to have a positive impact on mental and physical health (Brewer et al., 2015). Individuals suffering from mental illness who are involved in their religion are seen to have a positive chance of dealing with stressful situations (Brewer et al., 2015). Religious support services believe that positive involvement with their religion will enhance coping, positive health, and wellbeing, opposed to negative involvement which can lead to drinking, and further depression. (Brewer et al., 2015).

Behaviors towards and beliefs about individuals with mental health illness are developed in a variety of ways (Schnittker, Freese, & Powell, 2000). Thoughts can range from chemical imbalances, genetics, and environment, and culture (Schnittker et al., 2000). In their study it was found that African Americans generally do not believe that mental illness is genetic, however, it is believed that it can be caused by a chemical imbalance (Schnittker et al., 2000). Furthermore, African Americans believe that culture, and family environment do not directly cause mental health issues or illness (Schnittker et al., 2000).

Overall, society generally feels that mental illness continues to increase, and it is now an epidemic in the United States (Borinstein, 1992; Putul, Kahua, Choudhury, & Shobhana, 2018). Perceptions of mental health stemmed from stressful events, alcohol abuse and drug abuse (Borinstein, 1992; Putul, Kahua, Choudhury & Shobhana, 2018). Societal changes in reading literature have improved the perceptions of individuals with mental health disorders (Borinstein, 1992). Enhancements to medications and services provided also equip the general public with more knowledge that decreases negative thought processes of individuals with mental illness (Borinstein, 1992; Soltis-Jarrett, Shea, Ragaisis, Shell & Newton, 2017). Borinstein (1992) suggested that individuals in the United States are now more likely to engage in conversation and reveal that they are seeking mental health or currently seeing a mental health professional. Along

with general public employers now understand the need for mental health services and adequately provide health care that includes mental health provisions (Bhagabati & Kumar 2015; Borinstein, 1992).

The Center for Disease Control and Prevention (2012) suggest that adults with mental health concerns believe their personal environment is less friendly and conducive for positive relationships. Individuals diagnosed with mental health illness feel that others in society are not compassionate, or sympathetic to their needs or conditions (Center For Disease Control and Prevention, 2012). The perception of stigma and embarrassment individuals with mental health issues experience cause them to refuse services provided and remain untreated leading to poorer mental health (Center For Disease Control and Prevention, 2012).

Treatments for Mental Health Issues

There are various types of treatments for mental health issues that medical and therapeutic professionals use in order to effectively treat individuals diagnosed with mental illness. Understanding that mental illness and its causes is still an unknown phenomenon most treatments are geared to focus on reducing or eliminating the symptoms of the disease (American Psychiatric Association, 2016). American Psychiatric Association (2016) report all symptoms of mental illness need to be addressed. Although pharmacological interventions are the first line of treatment for schizophrenia and other mental illnesses it is also important to include psychosocial and educational components (American Psychiatric Association, 2016). These symptoms significantly reduce the quality of life for individuals with mental health illness (Thacker & Tamminga, 2001).

Antipsychotics. Antipsychotic medications are normally prescribed to a patient and taken daily in a liquid or pill form. Injections of antipsychotics can be taken once or twice a

month (Moncrief, Cohen, and Porter, 2013). Antipsychotic medications are normally used as a short-term treatment for bipolar disorder to control psychotic disorders, hallucinations or mania symptoms. There are two types of antipsychotics which are atypical antipsychotics and older antipsychotics. Antipsychotics produce side-effects, however, they are effective with patients suffering from mental illness (American Psychiatric Association, 2016). Moncrief et al. (2013) found that drugs prescribed to treat psychiatric disorders including antipsychotics modify normal mental process and behavior. Antipsychotics have a major effect on dopamine in the body. Dopamine must be positively affected for antipsychotics to work in a person with a mental disorder (Moncrief et al., 2013).

Psychosocial Treatments. Psychosocial interventions target specific domains of functioning, age groups, stages of illness in individuals with mental illness (Mueser, Deavers, Penn, and Cassisl, 2013). Psychosocial treatments are very helpful to patients after a medication has been found to effectively treat the patient. Psychosocial skills allow for the client to learn how to cope and handle everyday life challenges of mental illness (Mueser et al., 2013). This type of treatment also allows for individuals to pursue their life goals and lead a normal life. Individual in most cases who are receiving psychosocial therapy are viewed to have a smaller number of relapses and be hospitalized (Mueser et al., 2013). Psychosocial treatments can be identified through an interactive model of the disorder that includes stress, vulnerability, and protective factors (Mueser et al., 2013).

Sport Psychologist. In order to assist student-athletes with their mental health, some athletic departments employ mental health professionals, such as sports psychologist. Golding and Lippert (2017) state that sport psychologist serve the needs of athletes regarding psychological issues and also athlete performance. Sport psychologist often share the goal of

getting each athlete to display elite level production and performance in the arena of play and function at high level in their daily lives (Golding & Lippert, 2017). Sport psychologist build relationships with athletes to understand what motivates them and how and why they perform at the levels they do (Golding & Lippert, 2017). Sport psychologists also offer support to coaches, administrators, and parents of student-athletes (American Psychological Association, 2019). Confidence, poise, focus, intensity, and trust of teammates are qualities that sports psychologist promote with their clients (Sport Canada Research Initiative Conference, 2016). Such components as pregame routines and the overall mental preparation of competition are associated with the roles of sports psychologist (Sport Canada Research Initiative Conference, 2016).

African American Athlete Identity

African American student-athletes make up 16% of all NCAA student-athletes, with African American males totaling 11% of that population (NCAA Ethnicity Report, 2018). Thirty-nine percent of African American male student-athletes participate in college football population (NCAA Ethnicity Report, 2018). African American athletes within the last century are viewed as athletically superior, gifted, and more talented than their counterparts (Boyd, 2003). Boyd (2003) suggests that African American student athletes generate millions of dollars in revenue, and exposure for their university and all they receive in return is a scholarship. African American student-athletes especially males are frequently stereotyped and even given unflattering labels at their respective universities (Hawkins, 2010). The academic matriculation, rather negative or positive, race, gender, and athletic talent lend the African American athlete to negative stereotypes (Hawkins, 2010). Hawkins (2010) suggest that African American male student-athletes are in the minority on campus due to their race, but in the majority when viewed as being a part of a revenue generating Division I athletic team. This creates an identity crisis

that separates the African American male athlete from the non-male African American athlete (Hawkins, 2010). African American male student-athletes are tasked with being viewed as a representative for their race on college campuses (Campbell, 2019).

Campbell (2019) identified five ways in which an African American male student-athlete can be viewed from a skewed lens. Campbell reported that African American males who participate in revenue generating sports, play college basketball, are an African American male student-athlete, celebrity status with potential to create financial security, and an athlete whose focus is purely athletics (Campbell, 2019). African American male student-athletes are viewed as less than their White counterparts in the classroom (Campbell, 2019; DeFrancesco, 1996). African American male student-athletes are categorized as athletes who don't perform well in the classroom and need extra help to succeed (Campbell, 2019). African American male student-athletes as a result are grouped in majors, expected to produce less than their white counterparts, and asked to focus on athletic career opposed to an overall identity of a student-athlete (Campbell, 2019).

Beamon (2014) found that African American male student-athletes feel mistreated, misguided, and stigmatized at the universities they attend. African American men feel isolated on campus by instructors, and students alike (Beamon, 2014). Beamon (2014) reports that African American male student-athletes stand out on campus, are presumed to not attend class regularly, and are only superior because of their athletic ability. Beamon's study (2014) emphatically reports that African American student-athletes must cope with isolation from non-student-athletes on campus. African American student-athletes struggle with racial identity versus athletic identity (Beamon, 2014). Division and confusion of relationships with White teammates also exist which create barriers to relationships and further the negative perception of

African American athlete identity (Beamon, 2014). Even at a prominent Division I universities racism and negative perceptions followed African American males, which further isolates the African American male student-athlete (Beamon, 2014). Even though focus, and determination are important for African-American male student-athletes, the athletic departments they are a part of play a vital role in promoting a positive environment for the student-athlete (Harrison, Martin, & Fuller, 2015). Furthermore, it extremely important to understand that a vast majority of African American male student-athletes come to campus already in a disadvantaged state (Beamon, 2008). Hardships, poverty, and poor schooling limit the overall experience of college life for these student-athletes (Beamon, 2008). These disadvantages create hurdles and leave the African American males student-athlete feeling exploited, isolated, and less than (Beamon, 2008; Campbell, 2019).

African American Student-Athlete Graduation Rates. African American male student-athletes' graduation rates are consistently and substantially lower than those of their White male student-athlete counterparts (Sellers, 2000). African-American student-athletes make up more than half of revenue generating sports for most universities (Sellers, 2000). Harrison and Lawrence (2003) found that African American student-athletes often have lower career maturity, an impaired aptitude to understand and navigate paths to educational and career plans, with overall self-esteem and an identity based on athletics. African American male student-athletes in football and basketball also have lower academic achievement, stronger expectations for a professional sports career, and are socialized more intensely toward sports more than their White counterparts (Beamon & Bell 2006).

In 2006, African American football players graduated from Division I institutions at a rate that was 12% lower than that of their White teammates, 62% for White athleyes and 49% for

African-Americans. The graduation success rates determined by race are even more staggering (NCAA, 2006). Football reports a graduation rate of 77% for White student-athletes, and 55% for African-American student athletes (NCAA, 2006). Basketball reports rates of 76% for Whites and 51% for African American student-athletes (NCAA, 2006). Beamon & Bell (2002) report African American male athletes have been shown to have higher expectations of going pro and have been intensively socialized toward sports and embracing an athletic identity. The NCAA (2010) states that gaps remain in graduation rates of white basketball student-athletes compared to African-American student-athletes. The NCAA reports that 49 teams, or 86%, graduated 60% or more of their white basketball student-athletes, while 29 teams, or 45% graduated 60% or more of their African-American basketball student-athletes (NCAA, 2006). The existing graduation gap does not come as a surprise regarding race. Furthermore, the fact that it is not narrowing is very disappointing (Lapchick 2010).

African American Male Experience at Historically White Institutions. HWI's are institutions of higher learning, where the majority of students are and have been historically White (Campbell, 2019). The NCAA reports that there are 335 Division 1 member schools and of those 335 only 23 are Historically Black Colleges and Universities (HBCU's) (Campbell, 2019). African American students experience lower graduation rates, grade point averages, career maturity, and lack of an overall positive experience at HWI's (Allen, 1992; Sinanan, 2012). Sinanan (2012) found that African American students are under prepared for college both academically and socially, felt isolated, out of place, and where viewed negatively by White faculty members. A culture of care and support regarding academics and experience that features other students of color, African American university staff and faculty, and support groups may enhance African American students' experiences at HWIs (Sinanan, 2012). Due to a

predominately white faculty, African American students, especially males, feel they are at a distinct disadvantage in the classroom (Sinanan, 2012). These factors have an impact on African American students' educational and academic performance (Sinanan, 2012).

Watson, Goodson, Guidry, & Stanley (2007) found that HWI's do not accommodate African American students. Prejudice classroom and educational thinking, hostile learning and social environments, and low self-worth are components African American students must navigate (Watson et al., 2007). African American men at HWI's face overwhelming stress, impacting their mental and physical health (Watson et al., 2007). Negative health behaviors include binge drinking, suicidal thoughts, depression poor eating habits, and anxiety (Watson et al., 2007). African American men at HWI's face negative health behaviors. This population is seeking more education on mental and physical health from their universities to help combat these issues (Watson et al., 2007). Watson et al. (2007) believes there are limitations to literature concerning mental and physical health of African American college men at HWI's, which affect overall knowledge of the experiences of African American students at HWI's.

At most HWI's African American students are broken down into six sub-groups (Harper & Nichols, 2008). Harper & Nichols (2008) suggest these groups are 1) African American student-athletes, 2) members belonging to a Greek letter organization, 3) anti-social African American men, 4) campus leaders, and Pro-Black or Activism leaders, 5) males from the inner-city, 6) and African American men from suburban or well-established neighborhoods. The diversity of these six groups alone display that HWI's cannot lump their expectation and service provided the same for African American students. This study found that common social experiences, upbringing, and culture shaped the relationships they had amongst each other (Harper, & Nichols, 2008). Sub-grouping, and same desired expectation for all African American

students is an unfair expectation and negative label (Harper & Nichols, 2008). Racial identity and well-being of African American student's especially African American males is under attack and is not being properly addressed at HWI's (Spurgeon, & Myers, 2010).

There are significant gaps in the literature regarding African American male student-athletes and the barriers preventing them from seeking mental health services. Wang et al., (2005) suggested the experience of African American male Division I football players consists of home, culture, low-socioeconomic communities, negative perception and athletic identity. However, poor educational background, single parent homes, financial distress while at college, and family dependence on the student-athlete were rarely if ever touched on in current literature. African American student-athletes are seen as larger than life in their respective communities and more times than not are expected to cash in on their athletic gifts (Hawkins, 2010). The burden of carrying an entire neighborhood, community, city, and states expectation is more than the strong, smart, dedicated, African American male student-athlete can carry.

Injury. Student-athletes who are injured due to sport participation are shown to experience an increased rate of depression (Manuel et al., 2002). Factors such as severity of injury, student-athlete identity, support, and overall mental health are vital components of stabilizing psychological wellbeing (Manuel et al., 2002). Cox, Ross-Stewart, and Foltz (2017) found that student-athletes who were injured and unable to practice or participate in competition for their respective universities dealt with harsher depression symptoms than teammates that were able to practice and compete in games. The removal of the student-athlete from their daily role as high-level competitor causes distress and discord within their psychological wellbeing (Cox, Ross-Stewart & Foltz, 2017). The development of depressive symptoms is often times linked to concussions, which is a major injury amongst football players (Vargas, Rabinowitz,

Meyer, & Arnett, 2015). The NCAA (2009) reported that 7% of student-athletes who played football suffered concussions, 16% suffered upper limb injuries, and 50% suffered lower limb issues. The injury rate in NCAA football players is 8.1 injuries to every 1,000 football players (NCAA, 2009). The NCAA (2009) reported that there were over 41,000 injuries from 2004-2009.

Theory

The present study is informed by cognitive behavior therapy (CBT), which identifies people's emotions directly correlate to how they view everyday life (Fenn & Byrne, 2013). Beck (1976) found that individuals have three levels of cognition. These three levels are internal beliefs, negative or distorted assumptions, and poor automatic thoughts (Beck, 1976). Fenn and Byrne (2013) suggested that understanding a person's mental anguish or negative state of wellbeing is associated with cognitive model. This is identified as thoughts, feelings, behaviors, and physical symptoms. CBT strives for individuals to advocate for themselves and understand their emotions and thoughts (Fenn & Byrne, 2013). Effective CBT is dependent on relationship building, trust empathy, understanding, and loyalty between the individual and the therapist (Fenn & Byrne, 2013). CBT treats disorders such as depression, anxiety, PTSD, and is widely used to treat a plethora of mental health issues (McLeod, 2008).

CBT basis its principles on cognition which refers to the way an individual perceives a situation, emotion which refers to how a person feels, and behavior which refers to an individual's actions (McLeod, 2008). Negative perceptions cause mental health concerns that deter individuals from making positive decisions (McLeod, 2008). CBT focuses on the present and the distress that is currently happening. CBT addresses the problem and focuses on helping the individual improve their current mindset (Fenn & Byrne, 2013).

CBT has many strengths that may assist in treating individuals with mental health issues. CBT focuses on the thought process of individuals (McLeod, 2008). CBT is effective for individuals who suffer from depression, anxiety, and negative thoughts towards their environment (McLeod, 2008; Beck, Epstein, & Harrison, 1983). CBT works well with individuals who identify barriers to seeking mental health.

CBT allows individuals to balance their personal thoughts with actual reality (McLeod, 2008). Behavior intervention is a vital part of the therapy (McLeod, 2008). Tasks such as journaling, and homework assignments provides an opportunity to develop new avenues for thinking. This as a result allows for the negative beliefs over time to change, which improves quality of life (McLeod, 2008). Techniques such as detailed question asking help individuals identify their thought process and beliefs toward a phenomenon (Fenn & Byrne, 2013). Behavioral tasks given to individuals allow for progress in thinking and improves decision making (Fenn & Byrne, 2013). CBT regarding anxiety provided significant pretest and posttest reductions in depression, PTSD, generalized anxiety disorder and anxiety (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Stewart & Chambless, 2009). Hofmann, Asnaani, Vonk, Sawyer, & Fang, (2012) report CBT is effectively treats mood disorders, depression, substance abuse disorders, anxiety, personality disorders and stress related disorders.

As stated in chapter one, African American male Division I football players experience mental health issues and risky behaviors. CBT guides the methodology and interview protocol sections of chapter three due to the tenets of CBT and how these tenets are applicable to barriers faced by the sample population of this research study. The tenets of CBT suggest that the internal assumptions of an individual lead to decreased psychological wellbeing and mental health. Mental health issues derive from lived experiences of the individual (Beck, 1995, 1987).

Behavior of the individual must be re-tooled and focused on the understanding of realizing negative assumptions (Beck, 1987).

CBT identifies that individuals must change their perception of themselves and how they view their identity (Beck, 1995). An individual's personal beliefs are the driving force of their actions or inactiveness (Beck, 1995). CBT establish theory to the research study and provides structure in understanding the assumptions, concerns, and perceived barriers of African American male Division I football players seeking professional mental health treatment.

Chapter 3: Methodology

Literature concerning student-athletes pursuit and use of professional treatment for mental health issues does not produce much insight into the overall issue of why student-athletes are not seeking professional mental health services (Moreland, Coxe, & Yang, 2018). The purpose of this study was to examine the role of mental health with African American male Division I football players, as well as the perceived barriers they face in seeking professional treatment. Qualitative research allows us to understand each other and build information off one another's lived experiences (Ravitch & Mittenfelner-Carl, 2016). This study is twofold in nature and strives to answer the following research questions:

RQ1: How do African American male NCAA Division 1 football student-athletes describe the roll of mental health within their lives?

RQ2: What barriers does this population perceive in seeking professional mental health service?

African American male student-athletes do not seek professional mental health treatment at the rate they should due to barriers they experience. Gulliver et al., (2012) reported that 40% of student-athletes who face depression, or anxiety feel that stigma and embarrassment are the

largest barriers to professional mental health treatment. This study established a framework that directly addressed the need to eliminate the stigma, embarrassment, and negative perception of seeking professional mental health treatment.

Qualitative Research

Qualitative research allows for data collection of a specific phenomenon that provides opportunity to organize data, compare ideas, and test these data empirically (Smith, 1987). Heyink and Tymstra (1993) view qualitative research as information produced by the studied issue, study design, data analysis and collection, and how the data is interpreted. Qualitative research includes defined aspects that seek answers to questions in the real world (Heyink & Tymstra, 1993; Rossman & Rallis, 2003). Interviews are regarded as the most utilized method in qualitative research (Heyink & Tymstra, 1993). Qualitative research seeks to understand a specific populations behavior, thoughts, and identify the way that they do (Ambert, Adler, Adler, & Detzner, 1995). Qualitative data understands and highlights the importance of using a said theory to identify a phenomenon (Heyink & Tymstra, 1993).

Qualitative research is conducted in natural environments opposed to laboratories or administered by surveys (Rossman & Rallis, 2003). Bryant & Lewis (2019) believe:

Qualitative research lies with the idea that individuals in interaction with their world socially construct meaning. The world, or reality, is not the fixed, single, agreed upon, or measurable phenomenon that is assumed to be in positivist, quantitative research. Instead, there are multiple constructions and interpretations of reality that are in flux and that change over time. Qualitative researchers are interested in understanding what those interpretations are at a particular point in time and in a particular context (p. 160).

Qualitative research details and create meaning and understanding of information provided from all participants in the study. Such factors as family background, culture, and experience as a Division I African American male football player will be explored throughout the study and focused on through the interview process. Qualitative research examines people's

daily lives, natural and constant environment, and the issues that they face (Yilmaz, 2013).

Interview questions asked that are open-ended allow for the lived experiences to be displayed and presented with full understanding (Yilmaz, 2013).

Merriam (2009) notes that researchers engulfed in qualitative research are interested in fully understanding how people view their personal environment and how they make sense of their experiences and their world. It is vital that the understanding of the phenomena comes from the participant and not the researcher (Merriam, 2009). In accordance the researcher is still the primary instrument of the study (Merriam, 2009). The qualitative researcher has the means to accurately and effectively collect and analyze data (Merriam, 2009). Merriam (2009) suggested that the researcher is also able to gain full understanding of the phenomena by verbal and non-verbal cues, journaling, reflecting, and speak with participants for accuracy for interpretation. Merriam (2009) also found that the researcher may have certain biases that may affect or shape the study. The researcher should not eliminate these biases, instead they should acknowledge them and the role it plays in collecting data (Merriam, 2009). Lastly a key concept for qualitative researchers is to bring light and awareness to the meaning they attribute their life experiences to (Merriam, 2009).

Qualitative researchers may utilize qualitative research because knowledge explaining a phenomenon (Merriam, 2009). Qualitative researchers may decide to use inductive process, which helps to build concepts, and empirical outcomes (Merriam, 2009). These outcomes derive from being in the field, interviews, and observation (Merriam, 2009). Themes, coding, and theories are also found through the data in a qualitative study (Merriam, 2009). Another key component of qualitative research is generating a rich description of the data. Merriam (2009) suggested that words, body language, and observation opposed to numbers directly display what

the researcher has learned about the phenomena. Eight characteristics involving qualitative research are widely known: 1) qualitative researchers focus is on the natural world, 2) people of the world and the understanding of their thinking through multiple methods is vital, 3) human experience is valued most in qualitative research, 4) determining how the researcher views the world and phenomena, 5) understanding how the researchers biases affect the study, 6) the use of inductive or deductive reasoning, 7) multifaceted reasoning and assessment, 8) interpreting the data collected (Rossman & Rallis, 2003).

Qualitative research begins with a hypothesis or assumption of a phenomena, and a theoretical approach to study the phenomena (Creswell, 2007). The theoretical lens allows the researcher to understand the various concepts of the study such as culture, race, and gender (Creswell, 2007). Finally, the researcher must holistically paint a picture of the participants detailed responses which reports the problem studied (Creswell, 2007).

Phenomenology

Phenomenological research was utilized as a research design to determine the barriers of professional mental health seeking by African American male Division I football players.

Phenomenology is defined as the empirical evidence of phenomena that a group or individual identifies with (Van Manen, 2015). The purpose of phenomenological approach is to pronounce the specific, identify phenomena, and understand lived experiences (Lester, 1999).

Phenomenology concerns itself with experience an individual has went through and has an impact on their everyday life (Lester, 1999). A phenomenon is not defined by space or by time (Ravitch & Mittenfelner-Carl, 2016). Phenomenology should ask questions that directly relate to lived experiences and have a meaning to the overall study (Errasti-Ibarrondo, Diez-Del-Corral, Jordan, Arantzamendi, 2018). Data collection, and interviews are an important part of

phenomenological research which provide in-depth access to the lived experiences of the participants (Creswell, 2013).

Phenomenology strives to define the full essence of a person and who they truly are (Koopman, 2013). Phenomenological studies set out to give a voice of a studied population and depict exactly what they feel as an individual or group (Koopman, 2013). Phenomenology can be viewed as a theory and a method. As a theory it leans towards lived experiences of participants. As a method it only wants to determine how an individual's view the world and why (Koopman, 2013). Phenomenological research requires for the researcher to be actively involved in understanding the thoughts of participants and actions of participants. Researchers must correlate thought and action in a phenomenological study (Koopman, 2013). The researcher must investigate, understand lived experiences, and foresee research concerns (Alase, 2017). Personal perspective, and interpretation of environment are vital in phenomenological research (Lester, 1999). Phenomenological research consists of interpreting, reflective writing, and reading which are crucial aspects of the research process (Kafle, 2011). Phenomenology principles find that scientific knowledge begins with an unbiased view of its subject matter relating to the phenomena (Wertz, 2005).

Phenomenological researchers are tasked with creating a vantage point of what all participants of the study have in common (Creswell, 2007). Phenomenology often time is used in psychology and health related studies (Creswell, 2007). Creswell (2007) suggested "an individual writing a phenomenology would be remiss to not include some discussion about the philosophical presuppositions of phenomenology along with the methods in this form of inquiry" (p. 59).

Phenomenology is used to explore and understand life occurrences without any pre-determined or understood knowledge of detailed experiences (Converse, 2012). It is important for the researcher to include interviews, conversations, direct observation, focus groups, and at times reading of journals or diaries (Lester, 1999). Phenomenological research illuminates deep rooted issues, concerns, and actively highlights perceptions and experiences (Koopman, 2013; Lester, 1999). Hycner (1985) describes the following steps to analyze phenomenological methods, transcription, bracketing, reviewing interviews, dissecting every word, explicating the data, reliability check, eliminate redundancies, bracket presuppositions, identify themes, summarize each interview, inform the interviewee of summary and themes found, modify the themes and summary, identify unique themes found, begin the contextualization of themes, and finally complete a summary of each process identified.

In relation to this current study phenomenological research will provide depth and accuracy of all participants' responses. Phenomenological research allows for the semi-structured interviews to be transcribed and broken down into themes and patterns. The lived experiences of the participants will guide the relevancy and productivity of this research study (Creswell, 2013; Van Manen, 2015). Phenomenological research is the base approach of this study in hopes of illuminating and bringing understanding to barriers of seeking mental health treatment by African American male Division I football players.

Phenomenological Research Procedures

The researcher must first determine if the problem identified is shared by a group of individuals, do they have some of the same experiences and viewpoints of the world (Creswell, 2007; Van Manen, 2015). Determining if the phenomena is of interest to be studied and will it bring about change or exposure (Creswell, 2007; Van Manen, 2015). Displaying the thoughts

and feelings of participants is key for the researcher as well as collecting data only from those who have experienced the phenomena (Creswell, 2007; Van Manen, 2015). Interviews which are in depth and can occur multiple times lend its self well to phenomenological studies (Creswell, 2007; Van Manen, 2015). Journaling, diaries, and music can also be collected as data in a phenomenological study (Creswell, 2007; Van Manen, 2015).

A phenomenological study should field between 5-25 participants who identify with the phenomena, in addition open-ended questions are asked to these participants (Creswell, 2007; Van Manen, 2015). The research questions should help the researcher collect data and provide the researcher the opportunity to transcribe the interviews and code responses to create themes of the study (Creswell, 2007; Van Manen, 2015). Statements and themes that derive from the interviews allow the researcher to write a final report of the participants experiences of the phenomena (Creswell, 2007; Van Manen, 2015). As a phenomenological researcher it is important to note the phenomenological structure of the study in a chapter breakdown. Chapter 1 of this study will provide an introduction and key components to the study, 2) Review of literature pertaining to my study, 3) Methodology, 4) Presentation of data, 5) Summary (Creswell, 2007).

This study explored African American male Division I football student-athletes views on mental health and their perceived barriers of seeking professional mental health services. In order to gain an understanding of the participants lived experiences, this study aligned with a phenomenological study. The individual interviews were the primary source of data collection in this phenomenological study. The semi-structured interviews were conducted individually for African American male Division I football student-athletes. The analysis procedure assisted in gaining further insight into the participants' experiences. These procedures included conducting

semi-structured interviews, transcribing interviews, and coding the interviews of the participants. The themes that emerged allow for further understanding of this phenomena.

Research Method

Semi-structured interviews were the primary method for this phenomenological study. “Semi-structured interviews are defined as a planned a flexible interview with the purpose of obtaining descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena” (Kvale & Brinkman, 2009, p. 327). Interviews serve as the foundational tool of qualitative research (Rossman & Rallis, 2003). Semi-structured interview questions should be both outlined and flexible (Kvale & Brinkman, 2009). Furthermore, semi-structured interviews allowed for the interviewer to have free will to choose the direction of the interview and how questions were asked (Kvale & Brinkman, 2009). As an Interviewer I had the ability to ask to follow up questions that are strictly based off the participants response to the initial question (Kvale & Brinkman, 2009). It is important to note that an interview has structure and overall purpose that is directly infused with the participant (Kvale & Brinkman, 2009).

Semi-structured interviews provide an enhanced setting of listening, understanding, and sharing of experience from participant to researcher (Kvale & Brinkman, 2009). It is vital for the interviewer to set the tone of question asker and active listener. The interviewer must closely listen to participants’ responses and follow up with flowing relevant questions (Kvale & Brinkman, 2009). The researcher must promote in-depth answers, elaborations, and clarification of responses by the participant. This will allow for the research to discover a deeper meaning of the participants responses (Rossman & Rallis, 2003). Shared social identities such as race, gender, and background help for a positive interview experience (Rossman & Rallis, 2003).

Semi-structured interviews are referred to as data collection tool that details lived experiences, understands perspectives, and attitudes towards phenomena (Kvale & Brinkman, 2009). It is vital for the researcher to transcribe the responses rendered by participants from the semi-structured interviews (Kvale & Brinkman, 2009). Researchers should allow for the interview to generate a narrative that is dependent on the relationship between the interviewer and the participant (Rossman & Rallis, 2003). The phenomenological researcher should ask interview questions that uncover the lived experiences of the participant (Rossman & Rallis, 2003). Probing during the semi-structured interview can be utilized as a positive tool during the conducting of the interview (Ravitch & Carl, 2016). The interviewer should appear as non-judgmental or disrespectful to the responses of the participants (Ravitch & Carl, 2016). The overall theme of the interview should be to define the participants demographics and personal life history, how the participant is currently viewing the phenomena, and finally reflecting on the overall interview experience (Rossman & Rallis, 2003).

The semi-structured interview should allow for the participant to be open and free pertaining to the research topic. Body language and other non-verbal cues should be noted as well by the researcher (Ravitch & Carl, 2016). Semi-structured interviews are deep and in-depth interviews (Dittmore, 2011). Johnson (2002) and Dittmore (2011) highlight four meanings of the word deep. First, the researcher is seeking the same viewpoint of the participants experiences. Second the researcher must go beyond surface answers and develop a deeper meaning of the participants responses. Third, a deeper meaning can be maintained from listening and understanding the attitudes of participants. Lastly, a deeper understanding will allow the researcher to ethically report the findings of all participants within the study as their responses may vary.

Merriam (2009) suggest that semi-structure interviews allow for the interviewer to be active and present in the responses and the worldviews of the participant. As a phenomenologist it is important that I understand the study, the conscious experience of individuals and how their everyday life is affected as a result (Merriam, 2009). Semi-structured interviews as an instrument will give this phenomenological research study a valuable and reliant tool to generate data and provide an answer to the research questions of the study. As a semi-structured interviewer, the process calls for me to be a great listener, thoughtful in my own body language and expressions, and have a profound interest and advocacy for other human beings (Rossman & Rallis, 2003).

Individual Interviews

The researcher should understand practical interviewing and determine which type of interviewing is most beneficial to their study (Creswell, 2007). The individual interview allowed for open-ended questions to be asked and answered. Individual interviews also allow for the participant to share ideas and create a rapport with one another. Individual interviews also allowed a sense of comfort for the participant to speak freely in a judgment free zone. More detailed information may be given from the participant in an individual interview. The researcher is able to begin understanding the phenomena from the vantage point of the participant. Shifts in dispositions, emotions, and body language will be observed during the interview and recorded after the interview session is complete.

Individuals in this study were interviewed once. Each interview lasted 60-90 minutes long. All interviews were semi-structured interviews. Interviews were held at a Southern university which participants attended to ensure familiarity with their surroundings and provide a positive comfort level. Due to the subject of the research study I again emphasized the confidentiality of the participant's answers to the interview questions. Every effort was made to

protect the confidentiality of the participant. For example, participants selected a pseudonym and all identifying markers were removed upon transcription (e.g., institution, hometown). As interviews were conducted, I was able to gain insight to the lived experiences, stigmas, barriers, and attitudes towards mental health treatment. The interview protocol can be viewed in Appendix One.

Data Collection

For the purpose of this qualitative study and intent of conducting phenomenological methodology, collection of data from participants is needed for the completion of this study (Dittmore 2011; Ravitch & Carl, 2016; Rossman & Rallis, 2013). Dittmore (2011) suggested that the interview process requires participants who have familiarity with the phenomena. In conjunction the participant must be willing to share their lived experiences, and attitudes to make for a successful study (Dittmore, 2011). Qualitative research requires a sample population that is specific in similarities of the research study (Dittmore, 2011). The location of participants for the study requires a concrete and transparent view of the research study and research questions (Ravitch & Carl, 2016). When addressing the need of research participants Ravitch and Carl (2016) suggested analyzing who do you need for the study and why. Secondly, what population is most knowledgeable of this topic and how do they relate to the topic. Last how can this population explain their overall experiences with the phenomena (Ravitch & Carl, 2016). Qualitative researchers are definitive and precise in recruiting participants that can contribute to the successful completion of the research study (Ravitch & Carl, 2016).

Convenience sampling was chosen as the method of participation selection for this research study. Convenience sampling basis its methods off selecting participants based on time, finances, location, and have a direct correlation with the researcher's agenda (Creswell, 2007,

Merriam, 2009). Etikan (2016) reported that the overarching purpose of convenience sampling is to retrieve information from a population that is easily accessible to the researcher. Convenience sampling methods focuses on ensuring and providing a full and accurate picture of the knowledge obtained (Etikan, 2016). Convenience sampling allowed for my study to readily have participants that identify with being African American male Division 1 football players who currently attend a PWI.

Participant Characteristics

To conduct my study an adequate and efficient number of participants is needed to answer my research questions (Merriam, 2009). Once no new information is being retained from the participants the sampling procedure must end (Merriam, 2009). A tentative number of participants should be established, however, once saturation is met the sample size may decrease or have increased. Rossman & Rallis (2013) suggested that the number of participants in a study depends on the conceptual framework, data collection, research agenda, and time allotted to complete the research study.

Site location

The interview environment must be conducive to conducting a positive interview (Dittmore, 2011). Researchers must note that adverse conditions in the interview environment can negatively affect the interview (Dittmore, 2011). Creswell (2007) stresses that in phenomenological studies that participants fully understand and sign informed consent forms in order to participate in the study. The ideal interview site is one where conversation is easily and freely had, positive interaction and a free from judgment environment, as well as where ethical and political considerations are not influenced in any way (Rossman & Rallis, 2013). It is very important that participants do not feel endangered during the interview process (Rossman &

Rallis, 2013). It is important to note that all interviews will be conducted in a locked and secure room on campus. Interview times will be scheduled with participants and will be upheld by the researcher in order to promote integrity and privacy.

Data Analysis

Coding is viewed as the process of giving transcribed data respected meaning (Ravitch & Carl, 2016). Rossman & Rallis (2013, p. 270) stated that qualitative data:

Is the process of deep immersion in the interview transcripts, field notes, and other materials the researcher has collected; systematically organizing these materials into salient themes and patterns; bringing meaning so the themes tell a coherent story; and writing it all up so others can read what you have learned.

Data analysis initiates when the qualitative researcher begins the process of organizing and familiarizing themselves with data (Ravitch & Carl, 2016). Dittmore (2011) suggested that formulating understanding of the data is one of the key challenges that qualitative researchers endure. The researcher should be able to equate transcripts into meaningful data that is connected to the theoretical framework of the study (Dittmore, 2011). It also may be helpful for the researcher to write memos at all stages of the transcription to help with coding of the data (Dittmore, 2011).

Codes created by qualitative researchers are generally based on scholarly literature and the participants' responses to the interview questions (Dittmore, 2011). Saldana (2009) suggest that researches who are coding again speak with participants to obtain meaning and validate the conducted coding. Coding follows the path and is determined by the researcher (Ravitch & Carl, 2016). Coding requires critical reading, diligent attention to regularly used words or phrases, actions, and patterns of participants (Ravitch & Carl, 2016). Coding research data is important to understand what is already known and what the researcher still needs to learn (Ravitch & Carl, 2016). Coding should take on the task of interpreting data from sentences and phrases to

categories that help build off each other through the transcription and coding process (Kvale & Brinkman, 2009).

Coding is viewed as complete way of viewing the data that participants of the study are sharing through their interviews (Ravitch & Carl, 2016, p. 251). It is suggested that the researcher thoroughly reads and rereads data in order to understand and correctly code the data of the phenomena (Rossman & Rallis 2013). It is key for the researcher to understand that coding represents the process of critical thinking and is regarded to the research question Rossman & Rallis (2013). Creswell (2007) suggested that coding should provide insight to information that was unexpected for the researcher, and information that creates other avenues of learning and progression for the researcher and the study.

Saldana (2009) suggest that coding can vary due to theory, conceptual framework, and methods of coding chosen by the researcher, which can lead to a more provocative meaning of data found. Creating coding patterns that are based off similarity, differences, frequency, sequence, correspondence and causation can help establish a greater understanding of the data (Saldana, 2009). Coding requires that the researcher actively gains a piece of the participants social, personal, daily activities and perception of life (Saldana, 2009).

Coding Techniques

Saldana (2009) posits that there are two cycles within the coding process. The first cycle coding occurs during the onset of the coding process (Saldana, 2009). The first cycle of coding is broken down in to seven categories: 1) Grammatical, 2) Elemental, 3) Affective, 4) Literary and Language, 5) Exploratory, 6) Procedural, 7) Themeing the Data (Saldana, 2009). Saldana (2009) suggested that the second cycle of coding incorporates classifying codes, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and building the theory.

During the first cycle of coding I utilized attribute coding, structural coding, descriptive coding, and In Vivo coding. Attribute coding refers to the overall setting of the interview such as city, state, and country (Saldana, 2009). Key information of the participants was also documented such as age, race, gender and sport played (Saldana, 2009). Structural coding refers to a phrase utilized to represent a portion of the data that relates to the research question (Saldana, 2009; MacQueen, McLellan-Lemal, Bartholow, & Milstein, 2008; Namey, Guest, Thairu, & Johnson, 2008). Structural coding allows for question based labeling which allows the researcher to access relevant data from a larger data set (Saldana, 2009; Namey, Guest, Thairu, & Johnson, 2008). Saldana (2009) suggested that structured coding is suited best for interview transcripts. Descriptive coding is considered as summarizing data using words or short phrases (Saldana, 2009). Descriptive coding is very effective for beginning qualitative researchers (Saldana, 2009). Descriptive coding will provide answers regarding what this study is about, and what direction the study is going in (Saldana, 2009). Lastly in the first cycle of coding I utilized In Vivo coding. Saldana (2009) suggested that In Vivo coding is a word for word type of coding. In vivo coding refers to a word or short phrase from the actual language found in the qualitative data from the participants responses (Saldana, 2009; Strauss, 1987). In vivo coding places emphasis on prioritizing and promoting the participant's voice (Saldana, 2009). Saldana (2009, p. 76) stated "In vivo codes can provide imagery, symbols, and metaphors for rich category, theme, and concept development."

The second cycle of coding that I utilized are referred to a thorough means to reanalyzing and reorganizing data that was previously coded in the first cycle of coding (Saldana, 2009). Saldana (2009) suggested that the key goal during second cycle coding is to develop a sense of categories, thematic, conceptual, and theoretical organization from data collected in the first

cycle of coding. Throughout the second cycle of coding pattern coding was utilized. Pattern coding labels similarly identified coding from the first cycle of coding (Saldana, 2009). Pattern coding is vital to the coding process because it gives meaning and organization to the researchers obtained codes (Saldana, 2009). In this phenomenological study pattern coding provided insight to theme, order, and overall explanation of the data recorded.

Trustworthiness

Trustworthiness was established through the use of a pilot study, bracketing interview, member checking, and triangulation of coding. Rossman & Rallis (2003) suggested that trustworthiness within a qualitative research study is legitimized only if the study is acceptable and of competent practice, and if it is an ethical study. Trustworthiness in a study requires that the project contains integrity and promotes awareness of sensitivity to unethical research topics (Rossman & Rallis, 2003). Reliability and validity do not only constitute a trustworthy study, it also must be ethical (Rossman & Rallis, 2003). Trustworthiness solidifies the credibility, validity, and believability of a research project (Harrison & Gibson, 2001). Guba (1981) suggests that trustworthiness can be addressed by seeking confidence in the truth of the findings, how the findings are applicable to other participants, consistency of the study, and if the findings are neutral and present the best representation of the participant.

Lowe (2019) reports that a pilot study is a study small in nature that will assess the research process that will be administered to a larger sample population. According to Lowe (2019):

The primary purpose of a pilot study is not to answer specific research questions but to prevent researchers from launching a large scale study without adequate knowledge of methods proposed; in essence, a pilot study is conducted to prevent the occurrence of a fatal flaw in a study that is costly in time and money (p.197).

A pilot study conducted was conducted with a former Division I African American football student-athlete. I used a pilot study to increase reliability and validity of the interview questions and study as a whole (Andrew, Pederson, Mcevoy, 2011). I facilitated a pilot study to ensure quality in the methods practiced in the actual research study (Andrew, Pederson, Mcevoy, 2011).

Bracketing is viewed as a methodological aspect of phenomenological research that hides the researcher's personal beliefs and dispositions about the studied phenomena (Speziale & Carpenter, 2007; Chan, Fung, Chien, 2013). Bracketing is particularly useful in highlighting validity within a phenomenological study (Chan, Fung, Chien, 2013). Bracketing requires that the researcher is keenly aware of factors that may affect the neutrality of the study (Chan, Fung, Chien, 2013). It is important for the researcher to understand that if biases are not put aside the study will be negatively influenced (Chan, Fung, Chien, 2013). I participated in a bracketing interviews during this research study to eliminate the presence of my personal beliefs, mentality and personality from intertwining with the participants responses (Chan, Fung, Chien, 2013).

Triangulation is the process of identifying a phenomenon using various methods to fully understand what is being studies (O'Cathain, Murphy, Nicholl, 2010). The process of triangulation of coding begins at the interpretation stage of the study when data is being transcribed (O'Cathain, Murphy, Nicholl, 2010). Comparing coding findings is important to the process of triangulation as this opens for dialogue of meaning to responses given by participants (O'Cathain, Murphy, Nicholl, 2010). Triangulation of coding calls for combining all coding matrix which enables the researcher to display similarities and differences throughout the transcript (O'Cathain, Murphy, Nicholl, 2010). Multiple individuals assisted in coding the transcriptions, as such establishing inter-rater reliability (Miles & Huberman, 1994). The

research group consisting of experienced qualitative researchers individually coded the data and then met to discuss and compare codes, ultimately interpreting meaning within the data. In qualitative data analysis the use of multiple coders (e.g., research group) assisted in achieving inter-rater reliability (Barbour, 2001; Campbell, Quincy, Osseman, & Pedersen 2013; Creswell, 2009).

Credibility and reliability can be strengthened in a qualitative study by utilizing member checks (Merriam, 2009). Member checks require for the researcher to re-visit the responses along side the individual participant that reported them to gain clarification of the data collected (Merriam, 2009). During the process of member checking I also had detailed conversations so that the participants could further explain their thoughts and responses (Ravitch & Carl, 2016). Member checks serves as tool to guide me in the event that I do not fully comprehend the participants responses (Ravitch & Carl, 2016). This will also allow for the participants to feel a sense of belonging and respect regarding the study (Ravitch & Carl, 2016).

Positionality

All participants' responses were conducted and gained through semi-structured interviews. As the researcher I listened to the lived experiences of participants within the study. Responses of participants were transcribed and coded and reviewed with the participants. To facilitate trustworthiness, I addressed my positionality within the research topic by participating in a bracketing interview.

Ravitch & Carl (2016) report positionality refers directly to the researcher's role and social position as it relates to the research study. I fully relate to my participants as I am an African American male, and currently attend a HWI. The major differences between the participants and I are age, religious affiliation, athletic status, and possible socio-economic

status. My education as the researcher is a vast difference between the participants and I. As the researcher I am a Ph.D. student and they are undergraduate student-athletes. This difference could create stereotypes and effect participant's responses. Participants of the study may see me as and administer or university faculty member who is only trying to gain information to create labels for them. Participants could be reluctant to answer the interview questions if a positive relationship has not been established between both parties.

Protecting Data

Confidentiality is a pillar of conducting any qualitative study (Ravitch & Carl, 2016). To ensure confidentiality pseudonyms will be used to protect the participants' identity, as well as changing other identifying facts (Ravitch & Carl, 2016). It is vital for the study to be conducted properly that if the researcher has assured the participants of confidentiality that confidentiality is provided (Rossman & Rallis 2013). Qualitative research thrives off building relationships with participants and displaying respect for the individual (Rossman & Rallis, 2013).

Data storage and management is a constant battle for researchers (Ravitch & Carl, 2016). All data was stored in a locked file cabinet, in a locked office on campus of the interview site. All transcriptions are kept on a password secured computer drive in the locked file cabinet.

Limitations

Phenomenological research is unable to definitively produce theory (Wilson, 2015). Fatigue of the study and interview sessions and reluctance of participants to continue with the study also serves as limitations of phenomenological studies (Wilson, 2015). Trust among participants and the researcher is a factor that can derail positive and truthful responses from the participant (Wilson, 2015). As an instrument of the study being patient, time sensitive, and removing bias regarding the study should also be viewed as limitations. Participants willingness

to be involved in the study and their amount of openness, comfort, and trust limit the present study. As the researcher I looked at the process objectively. However, removing my own lived experiences and the current climate of the United States very well could be classified as a limitation.

Limitations regarding gender, race, religion, sexual orientation, and mental health status must be accounted for. Current events that touch on these topics could influence responses. Truthful responses and responses based on anger or other emotions may be recorded due these current events. African American males may have a different perspective to these events, and they may shape their thinking moving forward. These threats to validity are worth reporting for the reader.

Implications

Clinical implications of this study could build an argument that mental health treatment and help-seeking behaviors by African American male Division I football player's needs to receive further attention by the NCAA, clinicians, and institutions of higher learning. Mental health illness is the ailment affecting more college students than any other disease (Zirvin, 2009). The experience African American males live out daily at HWI's creates a stressful and depressive situation (Sellaars, 2000). Information participants shared in this study could further highlight implications needed to create a system of support and barrier free environment to seek mental health services. Furthermore, this could increase the number of African American male Division I football players seeking professional mental health services.

Research implication can add to literature pertaining to barriers to seeking mental health treatment by African American male student-athletes. It could also serve as a tool for African

American student-athletes in general. Enhancement to the literature of how African American male Division I football players feel on Division I campuses is also possible.

Summary

Using Phenomenological research design, I obtained the lived experiences of African American males who play Division 1 football at PWI's. I obtained all participants using specific selection criteria. Participants had qualities that matched the requirements of my present study. There remains a large gap as to why African American male Division I football players do not seek mental health service at their institutions of higher learning. Literature exists pertaining to the experience of Black men at PWI's and their experience. However, small amounts of literature are available regarding African American male student-athletes and the barriers they face to seeking professional mental health treatment. This study looks to lay the framework in order to understand the feelings and lived experiences of African American male Division 1 football players and help-seeking barriers. Chapter 4 provides participants' responses, data, themes, demographics of participants and summary. Lastly, Chapter 5 outlines the discussion, limitations, implications, and future implications of the study.

Chapter 4

Results

The purpose of this study was to gain insight into the phenomena of how Division I African-American male football players define the role of mental health in their lives. Additionally, this study set out to investigate the barriers that keep African-American male Division I football players from seeking mental health services. This study received IRB approval from the University of Arkansas Internal Review Board (IRB). All supporting materials are included with the final copy of this dissertation (see appendices 1-3). All participants that

participated in this study read and signed an informed consent form. All participants were at least 18 years of age and capable of reading and understanding the informed consent form.

The participants of this study were African-American male Division I football players. There were nine participants total for this study (see Table 1). The interviews were conducted during finals week of the spring semester. The interviews were all conducted on campus in a private office. The office was furnished with a desk and two chairs for the participant and I to use. Eight of the interviews were conducted over a span of two days. The last remaining interview was conducted a week later in the same room as the other interviews.

The interviews all varied in time. The interviews ranged from 19 minutes, 47 seconds to 35 minutes, 35 seconds. Each of the nine interviews followed the same format, which included a greeting, the explanation of the informed consent form, the reading of the informed consent form by the participants, and the process of the participant selecting a pseudonym for the study. I thoroughly explained to each of the nine participants the purpose of the research study. I also informed each participant that they were able to refuse to answer any question or stop the interview at anytime if they did not wish to continue. I explained that a recording device would be used during this study to accurately record their responses. I fully explained that no maleficence, confidentiality, and privacy would be upheld at all times. Due to the nature of these questions, each student-athlete was informed that their responses would not be shared with their coaching staff, athletic department, or academic staff. I informed student-athletes that changes would be made to questions that reflected other people's names, titles, and the student-athletes positions.

Demographics

All participants that were interviewed were African-American male Division I football players at a Power 5 institution. Participants ranged in age from 18 years of age to 23 years of age. The nine participants responded to the question of race with varying responses. Three of the participants stated that they were African-American, and six of the participants stated that they consider themselves Black. For the purposes of this study and recent literature all participants were classified as African-American. Each participant in this study had a very intriguing background and experience as an African-American male in the United States. All nine participants of this study are from or lived the majority of their lives in a Southern state in the United States. Six of the nine student-athletes lived in urban settings, while the other three grew up in rural towns. Participants within this study's family life ranged from being raised by both parents, being raised by a single parent, being adopted, homelessness, and being raised by other family members and coaches.

The majority of the student-athletes interviewed had aspirations of "making it to the next level." Two of the student-athletes played on the offensive side of the ball and the other seven student-athletes played on the defensive side of the ball. The student-athletes were asked about their like for school and the beginning stages of the interview. Responses ranged from school is hard, it's tough, it's going ok, and sometimes I don't have time for school because it's always football, football, football. Lastly these student-athletes talked about their relationships with their past coaches which developed the sub-theme cultural context. The responses all suggested that they had bonded with a former coach on a personal level at some point and time during their playing career. Past coaches served as mentors, second parents, provided housing, and motivators for these student-athletes.

*Table 1**Demographics*

Pseudonym	Age	Year	Position
Jeff Gordon	21	Junior	Defense
Jason	18	Freshman	Offense
Josh	21	Junior	Offense
BJ	19	Red Shirt Freshman	Defense
Bob Anthony	21	Junior	Defense
Anthony	22	Senior	Defense
Jose Martin	21	Red Shirt Junior	Defense
John Smith	20	Sophomore	Defense
Terrence Robinson	19	Sophomore	Defense

Research Question 1

The first research question asked, how do NCAA Division I African American males define the role of mental health within their lives? Through data analysis two themes were identified. The first theme identified was stress (see figure 1). The sub-themes that appeared in the data for the theme of stress was: sacrifice, injury, and family. The participants of the study candidly displayed their issues with their sacrifices. These sacrifices were broken down into academics, athletics and lack of time for personal time. Injury surfaced as a sub-theme. Most participants were injured during their collegiate career and it caused for some type of distress within their lives. The participants also explained how they their family promotes mental health within their lives.

The second major theme that appeared within the data was, ‘We don’t Need it,’ which indicated that the participants in the study believed that through performance and support athletes did not feel mental health was a vital part of their lives (see figure 1). Some participants also offered how their coaches only talked about mental health if it concerned them playing. The sub-themes this theme highlighted the lack of support that these student-athletes felt they had on campus. The participants who expressed that their coaches only cared about performance also expressed view on lack of support. Some student-athletes in this study did feel as if football was therapy for them. They enjoyed hitting other people and used football as an outlet to release stress.

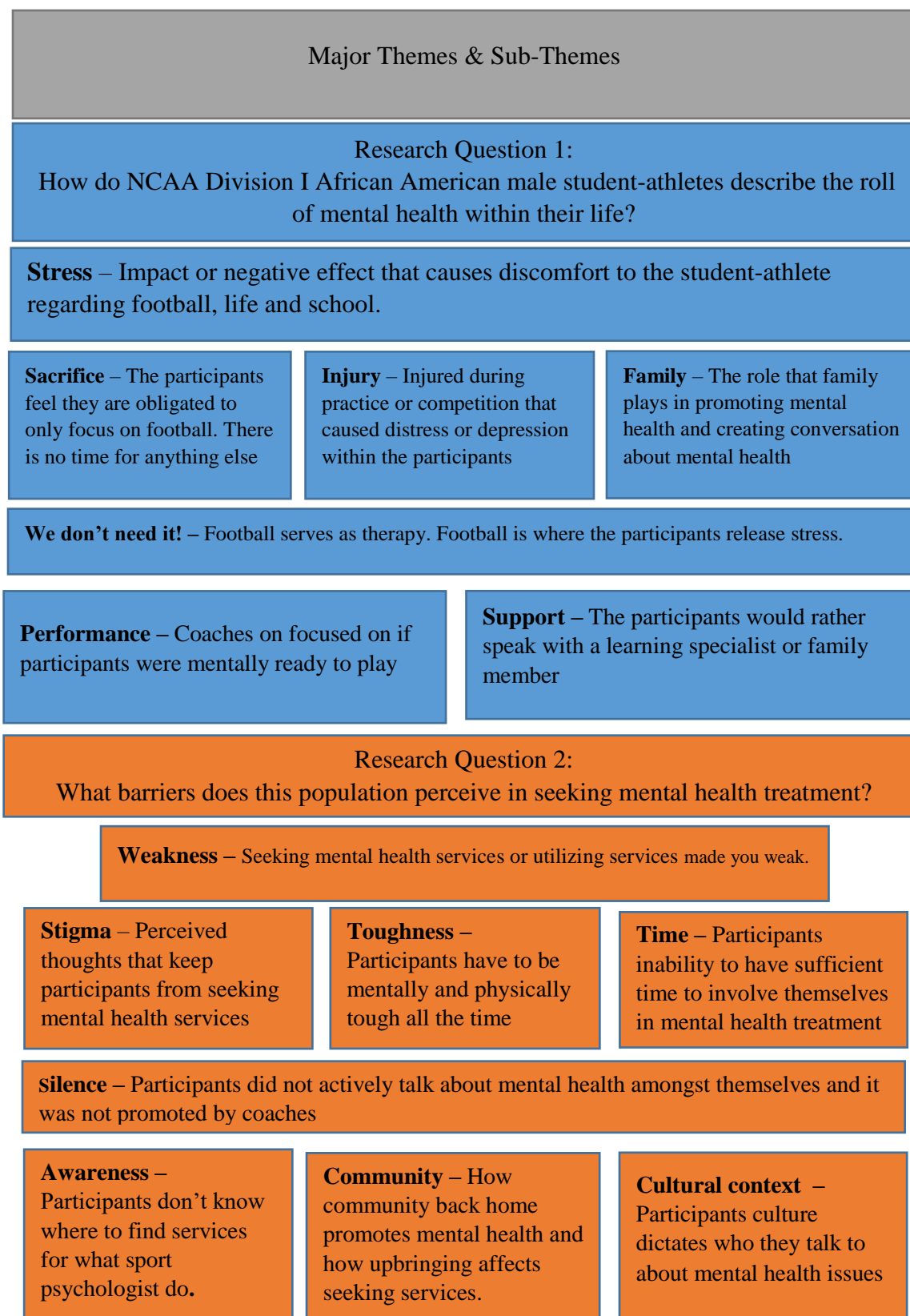


Figure 1

Stress

The African-American male Division I male football players discussed stress as factor in their daily lives. Jeff Gordon reported that he was recently feeling stress. “At the beginning of the week I was kinda stressed out, just trying to finish up school, but, you know, right now I’m feeling, feeling a little good right now.” Jeff Gordon also explained the role that stress encompassed as a student-athlete who plays football.

It’s just a sport that you can just release everything, like oh yeah, everything you going through, just relieve some stress. Uh, I tell some people like, man, when you holding in so much and you, and in off-season when you not hitting people or lifting weights, like lifting weights can only do so much for you, but it’s different when you out there hitting people, though.

Jeff Gordon explained his dealings with stress and the possibilities of releasing stress on the playing field. “You can’t put your hands on people, like I said, lifting weights is different so you could relieve that stress on the field.” Jeff Gordon continued to explain how stress affects him and how he chooses to handle the issue of stress.

I mean, like, say I have a problem, uh, I let it, you know, sit and I hold it in, but you know I will talk to nobody at that moment. So, when more problems come and I start building full of stress then I, I’m like now I gotta talk to somebody now.

Similarly, Jason explained how football is a stress reliever and fun for him. He felt as if football provided an escape. BJ also expressed that football has served a stress reliever for him when dealing with day-to-day activities as a student-athlete. BJ reported that he feels comfortable on the field and that stress is released while playing.

It’s just, it’s just fun, man. Running around, it’s like it’s a stress reliever for me. It’s just like when I’m playing football it’s just like I’m loose, all around the place. It’s like, whatever’s going on off the field, you know I don’t really think about it. I know people say that a lot, and it sounds kinda cliché, but it’s really true though. When you run out there you so focused on winning, and you so focused on, you know, the next play and what’s going on, you just don’t even think about what’s going on off the field. When you get off the field that’s when life starts happening again.

BJ further explained:

Like, as far as like when I'm stressed out or something like that in my life, or something that is going on in my life football has always been that barrier. Uh, that, uh, thing where I can resort back to it, uh, and let it go.

Bob Anthony reiterated how stress played a part within his life as an African American male Division I football player. Speaking to his background, deaths and being away from family as issues of stress. Bob Anthony expressed "Stress plays a part of my life all the time like a death back at home, being up here, coming to school." Bob Anthony also talked about school, and felt his academic obligation were stressful. Similarly, John Smith also explained that football and activities involved create stress. John revealed that football messes with you, "But. Like the football and stuff like is going to mess with you a lot. Like they gonna mess with your head because you gonna be tired and having to get through stuff. It's gonna stress you out."

Jason also explained that he is uncomfortable with the social identity of being labeled as a football player. "I dislike probably, um, I don't know, uh, the social, the social title that we carry as football players, as athletes, as D-1 athletes, period," Jason said. Background information regarding these student-athletes is of the utmost importance. BJ talked about being evicted and having to move from house to house as a child. BJ explained, "me and my mom were just getting evicted like from house to house and then, uh, it came upon a time when we were damn near homeless." Sub-themes were also illuminated through data analysis. Sacrifice, injury and focus contributed and coincided with stress as a major theme.

The African-American male Division I football student-athletes all were active members of their respective Division I football program and were invested in their sport. These participants spoke passionately regarding their athletic sacrifice to their university. Josh spoke to this point highlighting the need to be paid as a student-athlete in lure of their mounting responsibilities.

If we got paid the amount of money we deserve, because I feel like we don't get paid enough for as much of the stuff that we do, um, because it's like always football, football, football, school, football, football, workouts. It's like, you know what I'm saying, I feel like we don't get paid enough, and it's like, on the living side of things, you know, when we are not doing football it's like, okay, you know we have the Jones Center, but you know sometimes that is not open on weekends.

Josh also explained how sacrifice associated to the sport affected school for him as a student, "Man, I have dropped math at least three times, and I just, I just did my first time finishing it this semester." Being a Division I student-athlete also calls for hours on end of training, rehabbing, and other mandatory team activities. Josh also believes that these requirements call for him to struggle with school.

I mean just everything, like, just practice, workouts, uh, meetings, everything because pretty much everything is about football because you know that takes up, that takes so much time and energy out of you, you know, it's kinda hard to get your schoolwork done.

Bob Anthony also explained the stressors related to sacrifices as a Division I football player. Bob Anthony speaks on his responsibilities and the time that they consume as a student-athlete.

That is the stress about it and just, just being late to class as a student athlete you be late to class and now we gotta wake up with 6 a.m. runs when we don't have to on the days we can sleep in. So, that is more stress about it.

Anthony spoke candidly regarding sacrifice. He described his personal feelings as "I feel like I got a lot weight on my shoulder and I have to, it makes me go more." Anthony's perspective of sacrifice was not just related to academics, football or social responsibilities. Anthony felt as though he was the poster child for his community. "Like as in just, I feel like I'm not only making it for me, but I am making it for them, too. Like, show people that someone can make it from like any kind of area." Anthony also explained that he wants to make it to the next level so that his family would be financially secure. Anthony verbally expressed his want to provide a better lifestyle for his family. He described this by stating "Because, like, my family

really don't have a lot of money so making it to the next level would, like, help provide them with money and also, like, for the future generation have a better life."

Sacrifices regarding football seem to be nonnegotiable in the world of Division I college athletics. John Smith talked about fighting through issues to make sure requirements are met as a student-athlete. John expressed, "You just gotta get through it." "Really that's it you just got to make it through." John continues to explain portions of his daily schedule that must be met. John Smith informed me that "you gotta wake up at five, you up at 6 a.m. lifting weights and running. You not even really awake like that. So, it's like really you just gotta find a way to get through it." John also talked about how school requires a lot of him. John went on to describe his workload as a student-athlete:

It worn on me a lot. Like especially towards the end, when classes started getting harder and you know we still working out and stuff like that, that's when really, it's like either at the beginning of the semester and then at the end of semester that's really the hardest. John continued to talk about his daily routine and how he views this day-to-day.

John relayed that at times "it makes me feel like a robot", "you are doing the same thing everyday all day." John continued that "you don't really have time to go, like, go out socially with people and stuff like that. So, it really, you could feel like a robot some days." Lastly, Terrence Robinson shared issues of being drained and tired from his sacrifices as a Division I football player. Terrence loves the sport he plays, however, he informed me "Like, you just gotta stay awake. (Laughs)." Football is a priority for Terrence and he understands the demands that come with the game, the scholarship, and the pressure to perform. Terrence added that "Um, I feel like it puts a pretty big, big stress on the body. But at the same time, it's to score the football, so." Terrence summed up his sacrifices by saying "lack of sleep sometimes," "we also got a life to live."

Injury. For the African American male Division I football players in this study injury was associated with being a Division I football player. Eight of the nine participants experienced an injury while being a Division I student-athlete. All nine of the student-athletes had experienced an injury at some point in their playing careers. Jeff Gordon referenced his injury and the accommodations needed while he was injured. Jeff Said:

I mean, I was depressed for a little minute because, just trying to maneuver, they wanted me to maneuver around and I just felt like I was on a scooter and stuff and I was trying to drive myself around like, you know, I wasn't normal so they wanted me to maneuver and move and their pace and I wasn't really feeling that so, and then, missing ball, never really stayed out of ball longer than two weeks.

Jeff Gordon continued to talk about how the injury affected his disposition, and timeliness. Jeff explains "I mean, uh, I was walking around with an attitude, you know, missing things, going to things late and stuff." When Jeff Gordon was asked how he handled this situation and what was done to help him he expressed:

You know people asked me was I fine and was I getting through, they kinda knew, you could tell something was bothering me, you know, and they didn't really try to bother me that much, so they get on my nerves, but they could tell something was bothering me.

Josh was asked about injury within his career as a student-athlete. He touched on an injury from this past season. Josh explained that the injury "impacted me pretty big because that was my first time ever having surgery." I asked Josh if the injury caused any distress or depression. He responded by stating "Yeah, I did. Yeah, it was pretty bad." Another participant named BJ had a unique perspective regarding his injury. BJ felt as if:

It made me more resilient because I thought I had already been through like a lot of stuff. Like everything. I thought I had seen everything, but in reality I think it was a test because it was showing me what you gonna do if your athletic ability is taken away before then? How you gonna do that? How you gonna operate? I've always had, you know, houses taken away, or not having food in my system, or money, or like something like that. How are you going to feel when that, something that you relied on as far as to get you in the right mental state, to be taken away? You see what I'm saying? So, that really stuck out.

BJ further explained his perception of a student-athlete who is injured. BJ explained, “If a kid is dealing with an injury, or not playing, or think about it. We didn’t win last season, so, that can really hurt you mentally.” BJ continued to speak on his perceptions of how student-athletes view not playing as much as they feel they should and the struggles of feeling constantly injured. “Man, I put my all into this. I’m not playing here”, or like, “I’m always hurt. I’m always nicked up”, or “My body’s not feeling good. And we not winning?” Man, that can make you depressed.”

Bob Anthony felt as if it was his responsibility to be tough and play and workout through an injury. He explained, “I played with a fractured wrist.” He remembers that he looked at his father like, “your tough.” Bob also expressed how the injury made him mentally tough:

Um, it made me more mentally tough. More mentally and physically tough. I feel like mentally after I came back from that game I was hurt, and I was in pain. My wrist swelled up. I didn’t know my wrist was fractured or broken or anything. I used to tell my Pops when we was benching, it was hard for me to put pressure on my wrist, and he thought I was complaining as a kid as a man, so it was something I had to suck up.

The injury affected Bob Anthony and his mental health. Bob describes waking up early to practice and participate in therapy. Bob reported “I used to wake up at 6 a.m., so it already felt like I was doing 6 a.m. stuff. So, it was more depression. I was like, “Man, do I really want to go through with this?” The injury Bob suffered caused him to question his want to as a student-athlete. Bob asked himself:

Do I really want to...after I do this little therapy I gotta go back and work my butt off. Then after that I gotta go back to class and after that I gotta go to study hall for another two hours.” So, it was so depressing. It was just, it was something like, I don’t know, my mind was just everywhere.

Anthony on the other hand was use to being injured as a student-athlete. Anthony felt as if “recovery I felt better than my first surgery so I thought it might just work out.” Anthony opened up more about the surgery and the injury. Anthony expressed “Well, it’s really my

second time tearing it, so like I kinda know, I knew the pain so coming into the second one I felt better about it. It was just how I was going to recover.” Anthony also touched on recovery and the affect it had on him.

When I started having problems, like me knee started, my right knee started acting up, that wasn't my knee I had surgery on, but I got real bad tendonitis, so I was like, I don't know, because like I started losing weight too and then I was just down.

Family. Several of the participants have unique relationships with their families that play a vital role in the molding and shaping of these young African American males lives. Family is a cornerstone and sounding block of the African American community. These participants touched on their family backgrounds throughout this process. Jeff Gordon keenly expressed his love and admiration for his God-mother who took him in while his mother was incarcerated. “Uh, I grew up, I grew up...my mom, my mom had me and she, she went to prison, then my dad was in prison, so my mom's first cousin, which is my God-mom.” Jeff later reported “so when my mom got out about kindergarten I went back to move with her until about sixth grade.” Jeff continued to express that during this time he missed his God-mom. “And then I was like, damn, I just missed living with my God-mom, so...I was just going over there on the weekends.” Jeff explains that to “keep his head right” that he went back to live with his God-mom. Jeff Gordon also shared that his father passed during his freshman year on campus. “My father passed in a car wreck when I got up in my freshman year.” Jeff explains how the experience of losing his father affected him. “Man, starting off it was, it was rough starting off. I mean, because, my father passed and when I got up here I was here two weeks when that happened.” One participant stated “In fact a participant felt that if he or a teammate sought mental health services his community or biological father and his side of the family would label him weak.”

Jason spoke very highly of his family and their togetherness. Jason explained “we stick together. We stuck together. You know, everybody’s family has the ups and downs.” Jason also revealed when asked about his family:

My mom, my mom, she, uh, she could turn nothing into something, and she don’t got a lot at all, don’t get me wrong, but like she would take other people around as best as she can. So, I mean like she, you may as well say, you know what I’m saying, she don’t really got nothing but at the same time she got enough to take other people around.

Jason understands the importance of family and their guidance because he moved away to attend high school. “I went to [state] high school and ain’t had none of my family with me, and I was living on my own.” Josh offers another perspective of family dynamics. Josh relays that “everything we have been through just her for the majority, I want to say majority but for the most part of my life being raised she was the mom and the dad in my life.” Josh continued reflecting on the relationship he had with his mother, “It impacted me, uh, I would say, uh, it impacted me a lot because she, she wasn’t just a mom she was a coach too.” BJ also touched on his family and why the struggles he faced caused him to self-evaluate his emotional and mental health. BJ referred to these as “ Like homeless for near a year and a half. So, just that aspect, I guess I would say if I had to look back on my mental health and, but what saved me was school and football.” BJ continued when asked to elaborate on what he meant, “That’s my mental health. That’s why I’m telling you like emotional health has something to do with mental health.” BJ finished up by explaining that growing up that way made him a better person. “just seeing what my mom went through and seeing what we went through together as a family, that made me a better person. It made me appreciate life even more and made me appreciate others that were going through way worse than me.”

We Don't Need It

The African American male Division I football players interviewed expressed other forms of personal therapy that they readily substituted for mental health treatment. These student-athletes had varying views on mental health treatment and how they perceived their treatment options. Some of the participants revealed their personal preferences of therapy. These preferences equated to the major theme “We Don’t Need It.” This theme generated the sub-themes, performance and support. Performance derives from game action, using football as therapy, and how some coaches want their players to be ready at all costs. Support refers to how the participants feel supported on their campus and in their communities.

Self-expression for these participants is vital. This is especially true for Division I football players vying for attention from the NFL and other professional football leagues. The participant explained how growing up in his environment as a kid impacted him. “That’s what made me who I am today seeing all that everyday, you know, throughout my life. That teaches you mental toughness.” BJ openly talked about how football serves as therapy for him:

I love, it’s like, uh, I want to say it’s like, it’s what therapy is to, like, it’s what therapy is to people who don’t like have mental stability and stuff like that. So, football is my way of expressing myself on the field. It allows you to do a lot of things that you can’t really do in the real work. Like, you know, you could just let it all go and just play. And have fun.

It was evident that BJ had his own perceptions of his mental health and receiving mental health treatment. BJ recanted a time he was in physical treatment for an injury. “I was in treatment every day with our team doctor every day. So, they offered physical treatment. They want you to get better as soon as possible and as healthy as possible. That’s one good thing.” BJ was then asked about receiving mental health services during his recovery from an injury. BJ speaks on his reluctance to utilize services offered to him by his academic counselors.

Uh, mental treatment? We have our counselors back at the [academic center], the academic counselors, and they would ask me if I was okay, and do I need to see anybody, and stuff like that. So, I believe there was something that they could offer me, but I was always too prideful to say, 'No, I'm good.' Like, there ain't nothing gonna stop me, so.

Anthony expresses some issues that he has had and how he chooses to address these issues. Anthony feels as if "I kind of have some problems myself like just because I keep stuff in too long, or I really don't like to talk to no one, so, like I just hold so much stuff in and then, like, it's just like everything is bad around me, like." Although Anthony understands that he "keeps stuff in" it seems that he does understand how to cope with it, however, he does not understand how to release it. When asked how this makes you feel Anthony stated, "Like just bad, like angry, like, makes you feel like it's the end and, like, I don't know what to do or how to release it." Jose Martin continued with his perception of the theme "We Don't Need It." Jose talks about believing his teammates don't want to forfeit the time in order to seek professional treatment. "Because a lot of them don't want to go waste the time, well, go there and take the time out and do it, I would say." Jose continues with his perception that he does feel some teammates would go and receive treatment. He follows that statement up by suggesting "I mean, some of them need it and don't want to go because they talking about there's time they could take a nap and stuff like that."

Similarly, John Smith believed that the mental health treatment offered to him due to a family matter was not beneficial. He refers to the mental health service as classes offered to him throughout the summer. John explains that he took a class with a psychologist. "I had to take classes for six weeks, and I feel like, I don't even think it did nothing really. But that is really the only thing mental health-wise they offered me." Terrence Robinson also felt as if experience served as a form of mental health treatment. When asked how he dealt or coped with stress or other issues he explained " Yeah. Like over time I developed, you know, it ain't easy for

everybody. It ain't easy for me sometimes. But I find more situations you been in like the easier it gets." Terrence was asked about seeking service and the importance of professional treatment. Terrence replied "I don't really like letting random people in my head." Terrence continued with talking about his coach and the support that is offered to him from his coach. Terrence has a strong relationship with his coach, when asked if he would seek services if he needed to he replied "my coach personally like he is a pastor, like, he'll talk to you, he'll be your life coach if you want. So, I wouldn't need to." Despite having self-proclaimed issues these student-athletes illuminate the major theme "We Don't Need It."

Performance. Several student-athletes directly talked about performance during their interviews. Performance emerged as a sub-theme due to student-athletes feeling like all fans, coaches, family and their community care about is performance on the field. Jason views his community as one who only wants to see what he can do on the field. What type of football player he is and how many touchdowns he can score is of more importance than his mental health. Jason expressed "I don't really think the community is too concerned about an athlete's mental health. I feel like they just are solely concerned in performance." Jason continued to share his heartfelt thoughts on his hometown and their care for his mental stability.

In [State], you know, don't nobody really care about, you know, if you mentally stable. They just care about football. And, it is the same here. Nobody care about if you mentally stable. They just care about football.

Josh explains that there is tremendous amounts of pressure on him to perform as a Division I football player. Josh refers to it as "a lot of pressure." The effort and ability that it takes to play college football at a high level is mind bogiling. Josh speaks to this when he states "you want to, you want to satisfy and keep a lot of people happy. All that is based on your

performance. So, it, it, as far as you know coming from high school and being thousands now it's millions."

Jeff Gordon loves the game of football and is regarded as a great player on his team. Jeff understands the role he plays on his current team. Jeff Gordon also acknowledges that he has to be ready to play at a high level when called upon. Jeff feels that the coaching staff cares about players mental health only as it correlates to their play on the field. Jeff strongly stated:

I definitely think it is are you ready to play football, you know? I feel like, I feel like they want you in the best, in the best condition you can be in mentally and physically so that you can perform at your highest level. Um, I feel like if it wasn't important that you were mentally stable, you know, to play football, it wouldn't really even matter.

Bob Anthony expressed that his coach cares about his mental health in the same regard as Jeff Gordon. Bob feels that his coach truly cares about his mental health. He feels that his coach wants him to be in his best state of mental health so that he can play well in the game. "he want to make sure I have my head on right before I get on that field, he don't want to put me on that field when I have something going on outside of football, and it just, it's a horrible conflict."

Support. These student-athletes view support as a key role of their mental health. The student-athletes talked about receiving support from the university, coaches, family and their communities. The sub-theme support was very prevalent during the interview process.

Jeff Gordon expressed that relationships to him are something that takes time to build. Jeff did convey that when he has issues he feels comfortable talking to an Educational Specialist. When asked what he does when problems build up he stated, "I mean, personally, when they build up, I told [my educational specialist]." Jeff spoke to the recent coaching change at his university and how the process has played out regarding building relationships with new coaches. "There is a difference, you know, trying to build relationships with, with new people,

like, with new AD's and we got new coaches, so, it is a little different." Jeff continued to explain the difference from his vantage point regarding support:

I mean, just acting more like father figures, basically, uh, you know, you could kinda...it's a difference with them building their relationships, so, I'm not just, like, they not trying to build one that is fast, you know, it was a two-year thing with them. So, I kinda knew when they was saying something they would mean, like, the love was real.

Jeff Gordon continued to explain the importance of support on campus for any personal issues that he may have. Jeff also shared his perceptions on support for his teammates. Jeff Gordon was asked about emotional issues, depression and anxiety and where people turn to. He replied "but that is where you release." He was referring to the educational specialist. Jeff perceived issues with depression and anxiety:

You really experience all that when you get to college, because I mean, with Education Specialist, by them being in ES and them working with like, students like that who got accommodations and stuff, you don't really figure it out until you get to college. So, some people don't know they got anxiety or depression until they finally get that test with that, and in high school, you know, people see you like you living fine but you really go on, you know, having these nervous breakdowns and going crazy but you don't know what the problem is.

Conversely, Jason spoke on the support offered to him by his family regarding mental health. Jason expressed the relationship that he has with his family. Jason all offered information regarding the process of talking about mental health with his family opposed to a mental health professional. Jason explained, "my family, we kinda handle those things amongst each other. So, I mean, if I'm going through something." When asked who within his family does he talk to about his mental health he replied "I can definitely talk to my mom about it or my brother about it. You know." Josh also expressed his views on support for his mental health. Josh stated when asked if anyone talks to him or his teammates about mental health "Uh, I haven't never really heard anybody mention it." Josh continued to express his perception regarding support for his teammates. "I pretty sure they wouldn't mind being supported." He followed that up by stating "I

wouldn't mind being supported a little more." Josh replied when asked how does he handle mental health "Man, just the people that is closest to me, talking to them almost every day, and them getting me through the day. The support and words of encouragement and stayed prayed up."

Bob Anthony explained how his environment growing up played a role in his mental health and who he feels comfortable talking to about issues. Bob also reveals that he feels comfortable talking to some of his "college best friends."

I grew up in a rough environment where some of the stuff happened, I had to talk to my parents about. Some stuff I had to keep quiet and wait until I got to meet some of my college best friends and talk to them about it and just instead of holding it in because it grows anger. Most people they don't want to be open-minded to it. They want to hold anger inside and be mad with the world.

It seems that Bob is appreciative of the communication he has with this person and the relief it provides him is evident:

I have my cousin/my best friend. He's this dude I talk to almost every day. We talk to each other like it's a regular phone call, like, you know, just, man, like you know it's just hard. It's hard. I can open up to him and everything but it's just a hard subject to talk about just to anybody, just to anybody you been talking to for years. So, it's just, it's just things gotta happen and I gotta feel a certain type of way about a day. It's just like another day, like, when that regular day hits and it's just like, man, it's that type of day, like, wow, like I really think about my auntie all day, like, man, I gotta talk to him about it. I gotta let it out. I gotta let it loose.

John Smith shared that he feels supported at home. John feels that he has a support system. John stated that "Yeah. I feel like I have people." He continued, "I don't know here, though." He reiterated his security with sharing things with his family "but I feel like my momma and them I can talk to them." These student-athletes shared their views on the support they perceive as impactful for their personal mental health needs.

Research Question 2

The second research question asked, what barriers does this population perceive in seeking mental health treatment? This research question gave keen insight to the barriers faced by African American male Division I male football players. The data revealed two major themes weakness and silence. Weakness referred to the participant's views on stigma, toughness, and time constraints as a student-athlete. Silence indicated that the lack of awareness, community promotion or involvement, and relationships with family and coaches. Some participants spoke to the cultural aspect of not talking to others about their issues. Sub-themes for silence consisted of awareness, community and relationships. Some participants were unaware of where to receive services on campus and who could treat them if they needed professional services. Culturally some participants expressed the preference to talk to their own families about mental health issues. Some participants felt as if Black families don't talk outside of the family. The lack of education regarding mental health treatment and the issues associated with mental health were discussed by the participants. This explained how they felt their community viewed mental health and professional mental health services. Stereotypes and weakness was also discussed when participants spoke on their personal communities.

Weakness

Weakness was determined to be a major theme regarding barriers to the participants seeking mental health treatment. Weakness was viewed as a barrier to the participants seeking mental health treatment. Weakness was perceived as a major barrier for the participants. These Division I football players did not want to be viewed as weak, or less than their other teammates. Another telling factor was that many of the participants felt as if it was their responsibility to always be ready to play no matter their emotional State. Some of the participants referred to this

as being mentally tough. The participants in this study believed they would be viewed as weak if they went to receive mental health treatment. Jason expressed his views on being perceived as weak or looked at as the weak guy on the team:

I don't know, man. I feel like, I feel like people just don't want to be seen as the guy, the weak guy, that needs help, you know. No one wants to need help. I don't know nobody that wants to need help. So, everybody kinda wants to be independent and handle things on their own. And, if it's possible to handle some mental thing going on, then definitely.

Jose Martin shared a very candid response regarding weakness. Jose believed that you are considered weak if you talk to a counselor. Jose especially equated this to where he was born and raised. Jose expressed that this view is placed on people even if they really need the help:

I will say some people, some, I know I'm from the country, like and all the like people on my biological dad's side, they feel like talking to a counselor and stuff like that is weak, but that's what people needs to get, to get healthy. You know? So.

Overall, weakness was a theme that resonated through this research study. It was classified as a barrier that prevented African American male Division I football players from seeking mental health treatment. Weakness shed light on sub-themes stigma, toughness and who got time for this.

Stigma. The data displayed that the participants of the study identified that stigma was a barrier that kept them from receiving mental health treatment. Some of the student-athletes shared their views and perceptions of stigma toward African American male Division I football players. The stigma attached to this population causes for them to be reluctant of seeking out professional treatment.

Jason gave insight to his thoughts on stigma pertaining to receiving mental health services. Jason explained that "society" can be a barrier for student-athletes receiving mental health treatment. Jason continued that some people are hesitant or scared to seek professional help. "I feel like some people might be afraid to be viewed a certain way for needing help with

having healthy mental health. You know what I'm saying?" Jason further expressed his thoughts and perceptions:

I feel like some people might feel like they are less than others because they need assistance with mental health, unlike some other people do. And I don't think that is true, I feel like there is nothing wrong with it. If you going through something and your mental health is not where it needs to be then I feel like it should be normal for you to seek help, to get it. You know what I'm saying?

John Smith felt that stigma affected individuals. John stated, "you just got to try to get through it." John also feels that individuals may feel as if they have to be "tough" when it comes to mental health treatment. John felt that "like you gotta be tough and all that." The stigma that John realized gave him the mind set that you to just get through it.

Anthony viewed stigma from a perspective of how he believes a coach will view a player. Anthony shared his beliefs and feels that some players would keep issues to themselves. This is in order for the coach to think they are ready to play and there is no mental health issue with the student-athlete. Anthony expressed:

Because I guess like players try to hide it because they always want to show the coach they are here to go and for them, so like they probably don't speak on it as much because of that. So, they keep it into theirself.

Toughness. Toughness emerged as a sub-theme for this study. Toughness was talked about as a barrier for African American male Division I football players seeking mental health. Toughness was viewed from different perspectives by the participants of the study. Toughness has long been associated with stigma regarding seeking professional mental health treatment.

When I asked Jose Martin about toughness regarding mental health he replied that "it's the country way." Jose explained that, "men supposed to have you know that role of being like strong all the time." Jose continued to talk about his perception of toughness of men. Jose

expressed “never supposed to let nobody see them crying. Not supposed to be down and stuff like that. So, that’s why they view it as weak.”

When I asked Jason why he thought toughness was a barrier for receiving mental health treatment. Jason alluded to football being a tough sport to play. Jason also felt that a lot of his teammates would rather handle their problems on their own. Jason expressed:

I feel like as football, as the coach or football is kind of a tough, it is about being a tough guy, who’s the manliest man, so, ain’t nobody really fixing to just go and talk to, uh, talk to nobody about their issues. They try to handle it as best they can on their own.

Jason continued that “it about toughness man.” Jason perceives it as a way of life for some. Jason revealed that some are acting tough or strong even when they are not meaning to be. Jason suggested that it could be a pride issue. Jason further explained his stance on toughness:

It’s about toughness, man, it’s about, you gotta, I feel like some people, some people get so used to living the lifestyle of being a tough guy that even when they are not trying to be, they are. You know? So, some people it’s just they pride. They can’t let nobody see you down. So, you don’t really want to go talk to nobody about nothing like that because you don’t want anybody to see you down.

Who Got Time For This. Who got time for this was established as a sub-theme due to some of the participants feeling that they did not have enough time to even consider mental health treatment. The student-athletes expressed their time constraints throughout the interviews. Time issues were due to various reasons. Some of the reasons were football schedule, workouts, and school.

When speaking to Josh about time issues he explained that it seems as if it is always “football, football, football.” Jason seconded Josh’s thoughts Jason stated “you also have to take into consideration our schedule.” Jason was referring to the lack of time that he has as a student-athlete. Jason furthered his thought by sharing “people not doing what you doing as far as, uh, as far as training, you know what I’m saying, and eating the right foods and taking care of yourself

and doing things in a timely manner.” Jason continued that he and his teammates are affected by their busy schedules.

Like, there could be times where the guys don’t sleep the proper amount of hours, don’t eat the proper, uh, meals, or, you know something like, or don’t take the proper amount of rest just from the sport, period, just like some people can practice, like we practice twice a day in the summertime. Somebody could probably be doing an extra workout between those practices and they could, that could affect you, but it definitely affects us, I feel like, um, there is a lot of people that are affected by the schedule or outside of football, like as far as school and stuff like that.

For BJ time constraints played a major role as a barrier in several areas of his life. BJ expressed his frustrations with not having enough time to eat, let alone seek mental health treatment. BJ explained that as an athlete in this conference it is very important to have proper nutrition. BJ suggests that “you have to figure it out.”

Well, sometimes, like, it’s really hard like to try to find time to like do things that you really need to do as far as like eating, like eating is an important thing, like, but if you not, you would like forget to eat with the schedule that comes with a student athlete. You’d be like, “Dang, I didn’t eat”, like, how am I supposed to perform on the field at a high level and supposed to be a freak of nature like some SEC athlete, but you need to eat. You gotta figure it out. It’s like little things like that, like, can really, like, be affected.

BJ’s view point on lack of time to eat illustrate the lack of time these student-athletes have for their daily needs. Not having proper nutrition can easily affect a persons’ mental state. BJ commented on performing at a high level and the difficulties lack of nutrition could cause regarding performance. These time constraints add to the stress and pressure already associated with being an African-American male division I football player.

Jose Martin expressed his concerns with time constraints. Jose when asked about time constraints he replied, “I would say it’s a lot of time consuming on it.” For Jose and time constraints he felt that “I mean, you really don’t have time for your social life if you think about it.” Jose explained that, “So, it’s football and school, twenty-four/seven.” Another participant

Anthony expressed a similar stance on time constraints as an African American male Division I football player. “It just be hard, like, because it makes me want to sit down more. I really don’t get time to enjoy anything.” Anthony continued to explain some of the time obstacles he faces on a daily basis.

Like, see right now I’ve been hurt so this past spring I’d wake up at six every day, go to breakfast around seven, go to class at eight, go to rehab if I have any other break, go back to class, then now I have to be at the facility at 2:30 and be there until like 6:30 and probably leave there at seven, so I just had a whole 12 to 13 hour shift it felt like.

Bob Anthony seemed to echo the thoughts of some of the other participants regarding issues with times. Bob viewed the time constraints as the equivalent of a job. “It’s like a nine-to-five job.” Bob continued to explain his schedule. “We work from six and we stop working at like, it’s like working out and stuff at like eight or nine, and we still got schoolwork to do so we really gonna be done at eleven.” Bob further expressed his discontent with the time constraints he faces as a African American male Division I football player.

It makes you think about like, like not going to class. It makes you think about, makes you think about, man, like football or really life, like, is this really what I want to do? Do I really want to play this sport all my life? Or it just makes you want to say, like, do I want to graduate, like, with straight As, As and Bs or do I just want to get passed, or pass with this C or get a D. So, it is a lot of things that make you think about it, like, it makes you open up your eyes and see, like, both sides or which side you want to choose. So, yeah.

Time constraints surfaced as a sub-theme that was prevalent with most participants. The time constraints displayed issues that this particular population faces. The participants responded openly about several issues. Proper nutrition and sleep were among some of the most telling issues. These athletes are held accountable for their performance on the football field. Lack of nutrition is another obstacle for these participants to face. Many detailed their daily schedules and the requirements of their mind and body, which displays the overall stress they deal with.

These participants conveyed that there are there issues with time for eating and social life, so how can we expect them to make time to utilize professional mental health services.

Silence

The participants spoke about the lack of conversation regarding mental health. Participants of this study assumed coaches and administrators of their university would facilitate these conversations. The participants felt as if there were little to no conversation about mental health. Furthermore, the lack of conversation component of these interviews derived itself in to a theme of the study known as silence.

Jeff Gordon referred to lack of conversation regarding mental health with his coaches. “I feel like they know, they know it could play a big factor if it ever gets to that point, but, you know realistically we don’t talk about mental health.” Jeff went on to talk about perception of his teammates and silence regarding mental health conversations. “We don’t get the treatments, nobody there for them when you need it. But, like I said, nobody really brings it up besides if they do bring it up they just want their medicine.”

Jason explained that he feels that mental health amongst him and his teammates is not really talked about.

I mean, we don’t really speak much about it in the locker room or whatever, but I feel like everybody kinda has the understanding that if you going through something you should, you know what I’m saying, go see somebody.

Josh felt that a lot of his teammates deal with mental health issues He states because “like I said, a lot of them will go through things.” Josh continued by expressing “but, you know, we don’t really talk about it or say anything about it.” Josh further explained:

I feel like the coaches don’t view it. They probably don’t even pay attention to it. They don’t view it any way because they don’t care, probably, and they don’t understand the stuff we go through. A lot of mental health is huge, and there is people on this team with mental health. Even, whether if it’s the good mental health or the bad mental health, or if

it's depression mental health or anything like that, like I said, like, but they don't pay attention to stuff like that because, you know, they just don't. But, uh, administrators, academic staff, they do. They see things like that. They pay attention to it. Obviously, they try and talk to us about it.

When asked why does he feel coaches don't talk about mental health he expressed:

I guess because, you know, maybe because it's something, you know, it's just they don't want to talk about it or maybe they are not used to reaching out to somebody, opening up to somebody to talk about it, or whatever is going on with them.

Josh continued that "he doesn't really feel cared about here" Josh also expressed "they really don't care." Josh concluded with the thought "all they care about is us playing football, and, you know."

When asked about conversations regarding mental health Bob Anthony expressed his views. Bob explained that coaches don't talk to about mental health services. "They don't talk to us about mental health really." Bob later referred to conversations he has had in the past. "They just let us know, just if anything goes wrong, or anything is happening just let us know."

Anthony explained that he "actually talked to no one about my problems." Anthony expressed that he keeps issues to himself, "I just always kept it to myself, so I'm not used to like just going to talk to no one really or just going to seek for someone to help me with my problems." Another participant Terrence Robinson explained "I guess they see it as important. That's what I have to assume." Terrence expressed his thoughts, "I don't really...they don't talk about it." When asked why they don't talk about it he stated "I guess they busy. (Laughs) I don't know." Terrence concluded by expressing his thoughts on talking to a coach about mental health issues "probably on the individual basis like you could probably go talk to one of them and they will tell you, but they don't, you know, say it in an organized way."

The participants of this study expressed their concern for the lack of communication between them and coaches, administrators and family members. Most of the participants in this

study revealed that mental health is not a common conversational piece in their daily environments. The participants also shared their perceptions of their teammates and silence regarding mental health. Several participants are against the barrier that is known as silence.

Awareness. Awareness presented itself as a sub-theme of silence. Awareness gained traction throughout the study because of how the participants viewed their environment and resources. Campus resources are a vital part of awareness for the participants. Sports psychologist and the role of a sports psychologist was widely discussed during the interviews.

According to Jeff Gordon a sports psychologist is “just somebody you just go there, you just talk to them about whatever you going through.” When Jason was asked he explained that he had met with a sports psychologist during his time at his university. He also explained what the encounter was like for him. “She asked me some questions about myself and my family or whatever. But, it wasn’t really nothing serious.” Jason was later asked what he believed the role of a sports psychologist to be he replied “I couldn’t tell you.”

Josh shared his thoughts on his campuses sports psychologist. Josh explained that sports psychologist are “people that you sit down and talk to about your problems or anything that is going on in life to kind of give you closure or kind of help you feel better in a way, I guess.” When asked if he has utilized a sports psychologist Jason replied “I’m not sure. I haven’t talked to them.” BJ expressed that he, “never met with one,” referring to a sports psychologist. Another telling response came from participant Bob Anthony. Bod expressed that sports psychologist, “are people to me, I feel like they try to understand us for who we are as, as a player instead of as a person.” Bob continued when he offered his thoughts on the role of a sports psychologist. Bob stated:

Their role is to, uh, whatever the coach says or whatever. If coach say whatever. The trainers say about, like, about us, about physically or mentally they are going to believe, and they are not going to hear a word coming out from our mouth. That's how I feel like.

Anthony expressed that he hasn't interacted with the sports psychologist on campus. "See I haven't talked to them." John Smith was also asked about his thoughts of sports psychologist. John expressed that a sports psychologist "is somebody that is supposed to help with your mental state, as like, because they know you athletes go through so much. I just feel like it's probably not offered enough." Lastly Terrence Robinson explained his viewpoint on sports psychologist. "I feel like a sports psychologist is somebody that handles sports-related depression issues, like, things like that. But I feel like that's not really the best thing for people."

Community and Background. Within the participant interviews some of the participant's perceived background as a barrier to seeking mental health services. Community perception or level of care was also considered a barrier for this study. Jeff Gordon openly discussed how his background affects his ability to speak with people about issues. Jeff expressed that it is difficult to trust certain people. "I just, I just feel like sometimes, like I said, you just come from different backgrounds and you just can't trust with that type of information it is just sometimes you don't feel comfortable in trusting a person." Anthony's response also coincided with Jeff Gordon's. Anthony felt that he and his teammates backgrounds were the similar. Anthony explained that he and his teammates are more comfortable talking to their family. Anthony shared his perception:

Like a lot of my teammates come from like similar backgrounds as me so they not used to just, they probably just used to talking to their family or some friends back home, but now we up here for four years out of your life, so it's just different, like, you have to find a new crowd but you don't trust them like the people back home so it's just harder to communicate.

Jason expressed that he did not feel his home community is concerned about athlete's mental health. "I don't really think the community is too concerned about an athlete's mental health," Jason said. Jose Martin replied, "I don't know how to answer that one" when asked the role his community plays in him seeking mental health services. John Smith explained that, "um, nobody from my community came to me about any mental health, uh, services or anything like that." He also continued that the city he grew up in did not have much education on mental health services "Um, probably, they probably don't know about it, don't have it or, I don't really know."

Josh explained that he is unsure how his city/community views mental health, "I'm not sure. [City]? I'm not sure how [City] is, how [City] is when it comes to that situation." BJ was asked how his community viewed mental health and the role they played in him seeking mental health services:

Uh, no. It does not because you gotta think about it, like, in that time, well not really in that time, but the people that I'm growing up around, I done grew up around like a lot of them, a lot of them went on to do great things, but a lot of them they not there no more. They, you know, they somewhere, maybe in prison. Might be deceased. You know what I'm saying?

Although the participants came from different cities and towns most viewed their community as one who did not promote or understand mental health services. Background served as a barrier for seeking mental health services. Participants viewed this issue as a lack of trust when having to talk to others. The participants expressed their feelings of mistrust and unawareness from their respective communities.

Cultural context. The last sub-theme that presented itself in the data was cultural context. Cultural context referred to cultural upbringing and relationships with coaches both past and present. The participants responses determined that this could be viewed as a barrier for

African American Division I student-athletes from seeking mental health services. Cultural context played a key role in these young men's lives. The participants expressed how past coaches developed them as players and men. Trust was a factor in building relationships with coaches, academic staff and athletic administration. Some participants explained that a lack of trust or relationship would hinder them from talking with coaches and university staff.

Josh explained his journey as a recruit to student-athlete at this university. Josh was asked about his relationships with his coaching staff. Josh expressed hurt over the past coaching staff leaving.

At the end of the day you been in a relationship with these coaches, you know what I'm saying, because that is the people you are going to be with a lot, spend a lot of time with and be around for a lot of that time. So, yeah, I mean, just having a great relationship with them and trusting them, you know, and me coming all the way up here to go to school and play football, you know, then they did that. Man, that hurt.

When the participants were asked some of them pointed to culture as a barrier for seeking professional services. John Smith expressed stated "you know the black family, the momma usually the one holding everything down. So, I feel that's the strongest person in the family. You can go to her to talk." Terrence Robinson followed this trend by stating "just generationally that is how they grew up. Like if you gotta problem you tell your mom. You talk to your mom whether you grown or not. Like that is just how we do things." Jason revealed that he believes "It's a culture thing. It's definitely a culture thing because I mean when I think about it not really many of my friends, you know what I'm saying, talk about issues that go on inside the house."

He also added that race plays a part in not seeking professional services:

So, I think it is definitely a culture thing, a race thing, because I feel like, um, white people would definitely go seek help for stuff like that. But us, we just try to deal with it within the walls of our home.

It was evident that community and background play a role in these participants seeking professional mental health services. The culture aspect is limited to African American families within this study. The relationship aspect with coaches also provide some participants with an outlet to talk. However, the participants still are not seeking mental health treatment. Culture was vividly described by the participants as a barrier within their thought process regarding seeking mental health treatment.

Conclusion

It became clear throughout the duration of the interview process that this population was a tough, resilient, caring and dedicated group. These young African American male Division I football players expressed that the time constraints, stress, and injury were among the issues they faced. The role of mental health was defined by the major themes and sub-themes. They are faced with several challenges while being an African American Division I football player. Several barriers continue to prevent this population from seeking mental health services. Stress, lack of understanding, being identified as an athlete only, having no one to turn to and just simply feeling as if no one cares has to be too much to bare.

Data analysis clearly identified the barriers that kept this population or discouraged them from seeking mental health treatment. Issues such as silence, stigma, trust, we don't need it, sacrifice and injury were determined to be barriers. Some of the participants were not even aware of where to receive services or what the sports psychologist could offer them. The barriers identified are appalling and are a cause for concern.

The next chapter will bind data collected from my research study to previous literature. Limitations from this current study will be discussed in chapter five. Thoughts and ideas regarding future research pertaining to this topic will also be discussed in chapter five. Chapter

five will also detail how universities, coaching staffs, athletic departments, and the NCAA can create an environment that will promote mental health and the practice of positively seeking professional treatment.

Chapter 5: Discussion and Conclusion

The purpose of this study was to examine the role of mental health with African American male Division I football players, as well as the perceived barriers they face in seeking professional treatment. The participants all spoke to their lived experiences regarding mental health and mental health treatment. In line with Watson's (2006) study the participants in the present study did not seek professional mental health services. The participants expressed several reasons as to why they chose not to utilize professional mental health services. This coincided with the findings of Lopez & Levy (2013) that student-athletes are not seeking mental health treatment.

Defining the Role of Mental Health

The first research question asked, how African American male Division I football players view the roll of mental health in their lives? The themes of stress and "we don't need it" were derived from the participant's responses. Stress detailed sacrifice, injury and family as sub-themes. "We don't need it" produced performance and support as sub-themes. Stress and "we don't need it" created a clear picture of the issues and thought process of mental health within their lives. All participants were fully immersed in the lifestyle of a Division I football player. They participants seemed to understand what was being asked of them as student-athletes. Football served as a way for some of these participants to earn a degree, change the financial outlook of their families and escape tough neighborhoods and communities. Consistent with previous research, participants of this study also expressed that football, academics, campus life,

socialization and family create obstacles that make their individual journeys difficult (Beamon, 2014; Brown, 2016). These participants seemed to have issues balancing their workload as student-athletes. This affected their mental state and wellbeing and was consistent with the findings of Jahoda, (1958).

Stress. The participants identified that they faced routine “stressors.” The stress these participants faced appeared to be ignited by their sport. Football served as the catalyst for promoting stress, depression and other issues within these men’s lives. The stress encountered was due to sacrifice, injury and family. All participants expressed that football led to time constraints and failed to allow for them to have down time or a social life. Similarly some of the participants explained that the injuries suffered due to collegiate sport participation sanctioned a negative state of mind and even served as a cause for depressive symptoms. Lastly, participants displayed a comfort level with talking to their family members rather than a mental health professional. It has been founded that the demands on the life of a student-athlete cause stress for the individual which are similar to the findings of Bjornsen & Dinkle, (2017). Participants felt that their life only consisted of football and the activities associated with being a student-athlete. This was similar to the data found by Etzel (2009). Participants faced burnout and stress due to their commitments to football. Establishing and maintaining an identity as a football player on campus was reported to be a direct cause of stress similar to the study of Gustafsson, Hassmen, Kentta, & Johansson, (2008).

Participants felt that they were unable to escape the demands of their sport. This resulted in creating stress for the student-athletes which was similar to Hill, Hall, & Appleton, (2010). In line with Noblet et al., (2003) study, some participants expressed that being away from their family caused them to feel stress and question if they wanted to continue to attend school.

Research of Ferrante and colleagues (1996) displayed that time demands placed on this population cause for exhaustion and mental fatigue which was a key finding of this research study. Participants of this study expressed at times they were overly tired and wanted to rest. Data gathered from participants regarding pressure and lack of winning relate to sport related stressor that cause for distress were similar to the findings of Gustafsson et al. (2008). This current study concluded similar findings from New's (2015) study, which found that student-athletes had high levels of stress, lack of sleep and symptoms of anxiety. Both studies found that stress impacts academic and athletic performance of student-athletes. A major difference of this study compared to others was how the participants of this study categorized their responsibilities. Participants prioritized football, health regarding injury, getting to the next level and then school. Some participants also discussed that they should be paid for the services they render to their university. These participants referred to the amount of time given to the sport and the sacrifices they have as student-athletes at their school. Interestingly these student-athletes were focused on the next level of playing which is the National Football League (NFL). Participants were willing to endure the stress they faced in order to get an opportunity to play in the NFL.

Sacrifice. The time demands of football made the student-athletes feel like they were robots. Several participants identified practice and academics as stressors for them which is comparable to the findings of Wolverton (2016). Some participants asked themselves if school was worth it, which Pratt et al., (2017) also found. The participants identified that their wellbeing was affected due to the time demands of their sport. This coincided with the findings of Dubuc-Charbonneau et al., (2014). Some participants of this study were concerned about their lack of free time and off days to have personal lives similarly to Gould & Whitley (2009). Furthermore, Horton's (2011) study suggested that the participants of the study were at risk to perform

academically due to their schedules. Student-athletes of this research study felt exhausted, worn out, tired and stressed due to their respective sport. One of the participants even expressed that he missed meals due to his strenuous schedule as a Division I football player. These participants have enormous pressure to perform both athletically and academically. Without it being a choice football is the priority over school for these individuals, potentially leading to poor academics and negative well-being.

Injury. Some of the participants of this study determined that the injuries they suffered played a role in poor mental health for themselves. The injuries caused for lack of confidence and treatments that were time consuming. Participants that suffered injuries found it difficult to cope with not being able to play and the task of recovery. Some of the participants expressed that they felt depression while they were injured as Division I football player similar to Manuel et al., (2002). Similar to the findings of Cox et al., (2017) the participants felt recovering from an injury and the pressure to get back on the field was a stressor for them. It was evident in the data that the student-athletes were affected emotionally by injury and the inability to perform the sport they love which aligns with the findings of Cox et al., (2017). The participants discussed injury at length throughout the interviews and it emerged as a strong sub-theme of the study. Injury clearly affected student-athletes ability to play the sport they love. The injuries faced by these participants caused for them to be out of normal character. Some participants spoke to the devices or accommodations needed to maneuver around campus. One participant, Jeff Gordon, referred to being down due to his injury and how others had to ask him if he was alright. Some participants explained how multiple injuries affected their thought process and emotions. Participants focused on the amount of time it took to get healthy and rehab from their injuries. Bob Anthony explained how he fought through an injury just to be able to continue to play. He

expressed the affect it had on him and how he didn't know if he wanted to continue to play Division I football. Similar to the findings of Wolanin et al. (2015) the student-athletes in this study felt that their injury placed them in a state of depression.

Family. The participants of this study all explained that their family is who they prefer to speak to about personal and emotional issues. Family emerged as a sub-theme due to these participants feeling more comfortable talking with their family members opposed to professional mental health clinicians. Some participants were very open about the role their family played in them receiving mental health services. Participants referenced their race (African American) as a reason they do not seek mental health services similar to Wang et al., (2005). A participant of the study explained it as “cultural thing.” Participants of this study expressed that trust is not easily gained in their eyes. Participants would rather talk to their family members or past coaches rather than talk to a trained professional who they have no relationship with. Some participants were from rough neighborhoods and communities. A participant expressed “I’ve seen violence growing up,” and it had an effect on his well-being which aligned with the findings of Perry, Tabb, & Mendenhall, (2015). These student-athletes all expressed love and admiration for their families. Some student-athletes felt they had the weight of their family and communities on their shoulder. These participants were willing to risk their health in order to provide their family a better life. Some participants felt support from family members in order to talk about their issues. Other participants reported they would be seen as weak by some family members if they talked about mental health issues.

We Don't Need It. Participants identified mental health treatment as something they don't need. Some participants highlighted how football serves as a form of therapy for them. Performance was based on if the student-athlete was ready to compete in game situations and the

support that these student-athletes felt on campus and home. Some participants were clear that their family is who they would prefer to talk with about mental health issues. Similar to the findings of Perry et al., (2015) the support shown to these participants is vital for their wellbeing. The families of the participants all played a role in them being Division I student-athletes. Each participant talked about the impact and the ability to share concerns with family members which related to the study of Perry et al., (2015). Some participants felt that football was their emotional outlet and took the place of professional services. Student-athletes felt that football was a way to relieve stress and allowed them to express themselves as people. Participants referred to being able to hit people on the field and how football silences their off-field issues while they are competing. Literature does not refer to football being a stress reliever for these student-athletes.

Performance. Playing Division I football and obtaining an education were among the goals of the student-athlete. However, playing football at a high level seemed to be the only goal of the coaching staff. Participants explained that the coach is focused on winning and making sure their mind is in the right state to play at a high level. Expectations from these coaches make these participants feel as if the expectations of coaches outweigh their mental health which correlates with the findings of Gould & Whitley (2009). This current study and the NCAA (2017) believe that safety and social support are staples of the NCAA. These participants do not feel as if their coaches cared about their mental health and their overall well-being. One participant explained that it is always “football, football, football” which refers to the immense amounts of pressures these coaches and student-athletes are under to win as seen in Gould & Whitley (2009) study.

Support. Horton (2011) suggest that lack of support on campus for student-athletes cause for distress during their time at HWI's. Student-athletes seem not to have knowledge of where to gain support from mental health professionals on campus which is similar to Moore (2016) study. Many student-athletes in this study felt as if it were easier to talk to a learning specialist as opposed to talking to a therapist. Some participants pointed out poor previous experience with a sports psychologist on campus. These past encounters shape thoughts and feelings of these participants and the role mental health play within their lives similar to the findings of Moreland et al, (2018). Sports psychologist on these participants respective campuses were seen as un-relatable, not being able to be trusted, and often times their role could not be identified by the participants. Some participants felt like they should have someone that they could talk to about their issues on campus. Some participants felt as if the sports psychologist did not relate well to them and did not provide them any benefit. In contrast to Golding & Lippert, (2017) the participants felt as if the sport psychologist did not establish a positive rapport with them as people. Some participants expressed that "I don't know what they do." Participants also expressed that they did not see the benefit in sports psychologists. Participants' views varied on if the sport psychologist was only interested in the sport side of the student-athlete, which caused for concern with some of the student-athletes which fell in line with the American Psychological Association, (2019). African American male Division I football players in this study were open to talking to someone who shows they care and are invested in their success as a person, student and athlete. These student-athletes are passionate about the sport they play and the responsibilities that come with the sport both good and bad.

Barriers Preventing Mental Health Treatment

The second research question sought to understand why the participants did not seek mental health treatment. Participants explained their perceptions, feelings and experiences that prevented them from actively seeking professional treatment. Barriers identified by the participants were weakness and silence. The two major themes revealed that stigma, toughness, time, awareness, community and cultural context were sub-themes of the study. The participants saw weakness as a major barrier. Participants felt that if they seek mental health treatment they or their teammates may be viewed as weak. Silence was seen as the lack of promotion and education by coaches and university officials. Some participants explained that football players are supposed to be tough and some communities will look at them as weak if they utilize mental health services. Participants addressed that lack of time for mental health treatment and the inability of coaches not addressing mental health within the team setting was a barrier.

Weakness. Individuals who play sports often times are stereotyped which is unfair to them as people. These participants alluded to the fact that they did not feel comfortable seeking mental health because of how they felt others would view them similarly to Wang et al., (2005). Participants used the word “weak” to describe how they would be viewed which is similar to what Moreland, Coxe, & Yang, (2018) found.

Stigma. Peer and societal stigma create a barrier for seeking professional mental health treatment for these participants. Labeling is also a factor when this population seeks services to help them. Participants of this study felt as if they would be viewed “less than” or “not ready to play” if they sought out mental health services. Some participants were open to gaining understanding and accessibility to knowledge of mental health treatment. However, they feared the backlash they would face from others similar to Beamon, (2014). In fact a participant felt that

if he or a teammate sought mental health services his community or biological father and his side of the family would label him weak. This was solely based on where he was from. He was supposed to be tough in all areas of his life. This directly aligns with the findings of Schomerus et al., (2012). Due to the issue of stigma these student-athletes are comfortable keeping their issues inside and not talking to anyone. Similarly to the findings of (Gulliver et al., 2012) some participants will just not tell anyone what is going on with them due to the fear of being judged. The world's attitudes towards mental health, culture, stigma, stereotypes and the view of what a student-athlete creates a difficult decision for this population seeking mental health services similar to the studies of (Abram, Paskar, Washburn, & Teplin, 2008; Gulliver, & Christensen, 2010; Jorm & Wright, 2007; Rickwood, Deane, & Wilson, 2007). Persona for athletes is important. Participants talked about how they are viewed on campus and that their community looks at them as stars or the local NFL team. These participant also expressed the desire to please the fans and the pressure to succeed as an athletes. If student-athletes who are held in such regard are seen receiving mental health services it could change the fans perception of them.

It is easy to see that participants shy away from telling coaches they need help as evident by the emergence of stigma within the data aligning with Cooper et al., (2003) study.

Toughness. The literature referred to African American male student-athletes as the face of their universities athletic teams and are members of revenue generating sports teams Campbell (2019). I found that because the participants participated in a revenue generating sport they were to focus on their sport more than academics. The participants all expressed that they must complete a unique set of requirements on daily basis. The expectations mounted daily and forced the student-athlete to make decisions based around football. Football was the priority for all student-athletes involved in the study. Some of the participants stated that they must be mentally

tough and physically tough in order to play Division I football. Some participants talked about playing through injuries and being prepared to play at all cost. One participant stated “some guys just want to show coach they are ready to go for him.” Participants explained they have to be tough they have to compete and the coaches and their families encourage them to be tough and show no signs of weakness. Even though toughness was expressed as a barrier for these participants literature refers to it as a part of stigma opposed to it being an emotion or characteristic of the student-athlete. It became clear that they felt as if that is what set them apart as student-athletes in some regards. Even though this population view themselves as tough or are constantly viewed as tough from others they still require mental health services which is comparable to the findings of Hebard & Lamberson, (2017). The risk-factors facing these participants requires that mental health services be readily available to them similarly to Puente-Diaz & Anshlem, (2005). The stigma of toughness must be addressed by coaches and athletic administration to promote the acceptance of mental health services which is consistent with Moore, (2016).

Time. Time served as a sacrifice and a barrier for seeking mental health services. The amount of time it takes to be a Division I football player is staggering. The mandates and requirements this population faces is tough to understand. Time as a barrier is seen in a slightly different light. Participants of this study expressed issues with getting proper sleep, nutrition and study time. Those issues equate to not enough time in the day to complete their responsibilities as a student-athlete. Some participants don’t have time to schedule an appointment to see a mental health professional. One participant expressed that his teammates “would rather be sleep” opposed to seeking services. Schedule is a major barrier for student-athletes seeking mental health treatment. Practice and academics leaves little time for emotional health. This finding is

similar to Deci, Koestner, & Ryan, (1999), Long, & Caudill, (1991) findings. One participant explained that his responsibilities are unmatched by a regular student on his campus. Lack of time was widely discussed by the participants of this study. More literature is needed to highlight time as barrier for student-athletes. The workload which includes academics, athletic and social responsibilities take time to address for student-athletes to be successful. Some participants viewed their lives as football first and then whatever time they have left to complete their other tasks.

Silence. Participants reported that mental health was not a topic of discussion in the locker room. In fact, mental health was rarely addressed by the coaches. One participant referred to “having to wear your mental health issue” to receive help. This study found that coaches, administrators and communities did not promote mental health issues or services. Moreland, Cox and Yang (2018) found that literature is lacking regarding why student-athletes are not seeking professional mental health treatment. This current research study found that lack of dialogue between coaches, university staff and communities creates an issue of silence. Many participants of this study expressed that their coaches were not worried about mental health and that some coaches had no thoughts on the views of mental health. Participants expressed that they are supposed to be tough and just get through it. Among the nine participants interviewed within this study, most shared that their perception was that some of their teammates needed services or they themselves faced issues that required professional help. Jeff Gordon reported that his team and coaches don’t talk about mental health services. Another participant “Jason” explained that it’s more of an understood situation. If you have a problem you should go talk to someone. Once again the participant expressed that it is not openly talked about. Future studies

concerning silence is required to understand why these student-athletes are not seeking mental health services.

Awareness. Some participants alluded to the fact that they did not know where services were offered on campus or who they could talk to. This directly coincided with the study of Eisenberg, Golberstein, and Gollust (2007). The understanding of where to receive services on campus is vital for student-athletes to know. Some participants believed that their coach only cared about their mental health if it would affect their play on the field consistent with Watson et al., (2007). These participants are all considered to be in the sub-group of an African American student-athlete and it seems their identity is seen as just that by instructors on their campus consistent with Harper & Nichols, (2008) study. Issues concerning resources, education and literacy concerning mental health also were seen as barriers of awareness for receiving mental health services. This was similar to the findings of Hurd et al. (2013).

The lack of promotion regarding the sports psychologist and the role they play with student-athletes was also explored during this research study. When asked about their university's sport psychologist responses varied. Jason explained he had saw the sports psychologist but "it wasn't anything serious" and he added that he was unaware of their role on campus. John Smith reported that the services of the sports psychologist were not being offered often enough to him and his teammates to utilize. This report contradicts the finding of Golding and Lippert (2017) that sports psychologist are to build relationships with their student-athletes. Some participants felt as if the sports psychologist was responsible for treating their mental health issues and get them ready to play similar to Golding & Lippert, (2017). A clearer understanding of the role sports psychologist fill and their area of expertise is needed for the

student-athlete. Promotion of services and the building of relationships is required for the sports psychologist to encourage student-athletes to use services.

Community. Many of the student-athletes that were interviewed expressed that their background and culture promotes keeping issues within the family. Trust and familiarity determined why the student-athlete would willingly discuss issues with a family member as opposed to speaking with a trained professional. In line with Thorn et al. (2004) trust and lack of trust of individuals prevented participants from seeking mental health services. The participants touched on cost of treatment as a barrier to utilizing mental health services which was similar to Wang, (2005). Participants also shared that it is a norm for African American families not to disclose mental health issues with anyone. This can be looked at as family business. Most participants felt comfortable talking to their mothers or another relative about their issues consistent with Alvidrez, (1999) Ojeda & McGuire, (2006) findings. Some participants expressed how their communities were considered poor communities and how mental health was not talked about. Participants felt that their communities did not view mental health as a serious issue similarly to the findings of Roberts et al., (2008). Lastly, similar to the findings of Dunigan et al., (2013) participants expressed that if they did receive mental health services their community and coach may view them as unstable or not ready to play, which would affect their opportunity to play.

Theory

Understanding the lived experiences of these participants was a prime focus of this study. The results of this study were illuminated by the use of cognitive behavior therapy (CBT) as the sole theory of this study. CBT is seen as a theory that explain how emotions of individuals relate to the decisions they make in their every day lives (Fenn & Byrne, 2013). Results from the data

found that student-athletes were unfamiliar with sports psychologists and the role that they play within their lives. Some participants felt that the trained professional would not be able to help them. These negative assumptions, and poor automatic thoughts align with the findings of Beck (1976). Participants shared thoughts on wellbeing and how stress, injury, sacrifice and lack of awareness shaped their views on mental health. These thoughts directly align themselves with the cognitive model of Fenn and Byrne (2013). The data reported that participants felt they could not trust or openly talk to others about issues regarding mental health. Lack of relationships with coaches and administration was expressed throughout the interview process. CBT requires that trust, empathy, and understanding is key for effective services between the therapist and patient (Fenn & Byrne, 2013). This study found that participants perceived that their coaches did not care about mental health because the coaching staff did not talk about it. The lack of communication led the participants to believe that mental health was unimportant to the coach and coaching staff. McLeod (2008) suggested that how an individual perceives a situation leads to a gained feeling of the situation and the subsequent action. McLeod (2008) also found that negative perceptions of an issue can cause for negative mental health. Furthermore, the participants had several different views of the role mental health played in their lives, and the barriers that they faced in seeking mental health services. The study in fact highlighted that the participants lived experiences, which ultimately developed their personal beliefs, were the driving force in their individual thinking. Such experiences shaped how they viewed stress, injury, relationships, awareness, and the need for mental health within their lives. What Individuals believe will drive their actions or inaction (Beck, 1995).

Limitations

Several limitations exist in the present study. First, all of the participants were enrolled at the same university. As such, although the findings of the study may be transferable, they should not be generalized. It is also important to note that six of the participants had experienced a head coaching change. As such, the coaching change essentially provided two different perspectives from the participants. Due to the simple timing of this study, the interviewer was forced to conduct interviews during the last week of the spring semester, which happened to be finals week. As such, the stress and anxiety of finals may have impacted the participants' responses. Eight of the nine interviews were conducted on the same day, as such, there is a real possibility that the researcher suffered from researcher fatigue. Lastly, although efforts were taken to remove researcher bias, the researcher is an African American male and currently enrolled in a HWI. As such, researcher positionality in the form of bias is also being addressed as a limitation in the present study.

Future Research

The data from this research study indicates that there are several gaps within the literature regarding African American male Division I football players and the way they perceive the role of mental health within their life. Also, gaps exist when referring to the barriers that prevent this population from seeking mental health treatment. There seems to be no current literature that studies this population and their views on mental health and the barriers they face. Moving forward researchers should chose to study other universities, races and different sports. Understanding the barriers that other student-athletes face is also vital to understand for future researchers. Each Division I conference should be studied to conclude if this is an athletic wide problem or just a football issue.

It is evident that this particular population felt as if mental health is not promoted and that time constraints within their sport is a major issue for them. The participants also highlighted how injury has affected them as student-athletes. Injury and depressive symptoms within this population also should be researched further. Future studies should examine if student-athletes are being given the knowledge of where services are located on campus and how to obtain services. Future researchers should examine how universities are promoting mental health services. It is vital to interview athletic directors, academic counselors in athletics, coaches and learning specialist on the methods they use to promote mental health services for their student-athletes. Research should be conducted to see how many universities have sports psychologist and mental health professionals available for their student-athletes. Research concerning social identities of student-athletes who may identify as lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ). Members of this community often face challenges due to their sexual orientation or preference that requires universities to provide adequate services for them. Psychosocial models of sexual orientation identity development established by Vivienne Cass in 1984 would be helpful tools to establishing services for this population of student-athletes. To take this a step further, perhaps sport psychologist regarding their roles in working with this population. Lastly, the theme of weakness really sheds light on what is known as toxic masculinity. More research is needed to fully understand how African American student-athletes view themselves.

Practical Implications

This research study calls for the NCAA, universities, coaching staff's and communities to better understand and assist African American male Division I football players. This study found that this population endures lack of education and promotion of mental health services on

campus. Providing resources utilizing technology such as apps or social media to promote mental health treatment should be researched. Campuses across the nation should actively investigate mental health within their student-athlete population. These campuses should require that sports psychologists and licensed therapist are readily available for all student-athletes. Schools must mandate that proper education, promotion and services are accessible for their student-athletes. Counseling centers on campus must make a concerted effort to make themselves visible to student-athletes. Counseling centers should take the approach of building relationships with sport administrators, coaches and student-athletes. Every student-athlete should know where their school counseling center is located. Promotion of services is key for student-athletes in understand where to receive services. Entire collegiate athletic programs could benefit from researching how student-athletes view the roll of mental health within their lives and what barriers they perceive from preventing them to seek professional services.

Recommendations for the NCAA

The NCAA should implement training that ensure that student-athletes fully understand the impact of poor mental health, the signs of distress, where services are located on campus and how services can be initiated. This class should be required for each student-athlete once per semester. This class will allow for student-athletes to be aware of the services available to them. The NCAA needs to place an emphasis on mental health. Revenue sharing should be permitted just for the promotion of mental health services. The NCAA should require schools to employ mental health professionals. Furthermore, the NCAA should do more in promoting mental health. This includes designating more money not only for services but for research.

Recommendations for Universities

Universities must change the way mental health treatment is viewed on their campus. This is important for students and student-athletes alike. Universities must promote safe places on campus, mental health facilities on campus and in the community and contact info for these services. Universities should encourage all students to utilize services if they feel it is needed. Each university should hold monthly seminars over mental health promotion and warning signs of poor mental health. The university must realize that each student will require different approaches when asking them to understand how to utilize services. It is important for the university to promote services that attract different ethnic backgrounds, sexual orientations, religions and different socio-economic classes. Lastly regarding student-athletes universities must make student-athletes feel like they are people too. Universities have to try and build relationships with these student-athletes and promote on campus activities and make them apart of the campus community.

Recommendations for Coaching Staff's

Each coach must take the time to remove the athlete from the person. Coaches must address the person. Building relationships and understanding backgrounds is important for the relationship between coach and student-athlete. Coaches must take time to gain understanding of mental health issues and the concerns surrounding mental health. Educational tools should be given to coaches to start uncomfortable conversations with their student-athletes. These student-athletes are away from home and many are seeking relationships with their coaches. This study touched on trust and the importance it plays in developing relationships with student-athletes. Coaches must take time to create trust and a bond with their student-athlete. Coaches must understand that their relationships with players does not end after the recruitment process.

Recommendations to Communities

The communities of these student-athletes must begin to promote mental health earlier in these student-athletes lives. Local government agencies must provide literature and means to education regarding mental health. Communities have to help families identify signs of decreased wellbeing and mental health. Schools must educate students on the importance of mental health. Most importantly communities must discontinue the notion that people that seek mental health services are weak. Communities must stop calling people crazy and the belief that because of culture you can only talk to family. Mental health services must be promoted and accepted by each individual community.

Recommendations for Sports Psychologists

Sports psychologists must make themselves more relatable to the population they are serving. Sports psychologists create relationships with all student-athletes and try to get to know them as a person. Sport psychologists must participate in activities on campus as well as athletics to promote positive relationships. Sports psychologists must be creative in explaining what their role is and what they can do to enhance student-athletes experience at their university. Sports psychologists should also explain the benefits of having positive mental health as student-athlete. Lastly, the sports psychologist should encourage growth as a person and an athlete if their services are utilized.

Conclusion

African American male Division I football players are a widely discussed population in the world of college athletics due to the sports they play and the revenue they generate. These participants all expressed their thoughts concerning mental health within their lives and the

barriers they face in seeking mental health. The purpose of the study explained how these student-athlete view mental health in their lives. Stress, time, injury and not needing it was how they felt the role of mental health impacted them. The study found that injury caused depression, and lack of time made them feel as if they were depressed. Their sacrifice to the sport outmatched any other need they had as people better yet what we know them as student-athletes. This population explained that coaches, athletic staff's and their community failed them in not promoting mental health services. They explained how this affected them and their teammates. These participants deserve services that will enhance their athletic and academic experience. They crave trust, loyalty and understanding as young African American men.

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Appendices

Appendix One: Interview Protocol

Demographic questions:

1. What name would you like me to refer to you as (fake name)?
2. How old are you?
3. Where are you from?
4. What was is like growing up in _____?
5. Tell me about your family.
6. What is your race?
7. What position do you play?
8. Do you start?
9. What do you like about playing football?
10. Tell me about your decision to play Division 1 football?
11. What do you dislike about playing D1 football?
12. What is it like to be a football player on this campus?
13. What is school like?
14. Tell me about some of your past coaches.

How do NCAA Division 1 football student-athletes describe the roll of mental health within their lives?

1. How are you feeling right now?
2. How do you feel supported at your current university?
3. Do your teammates feel supported on campus?
4. What types of support are offered to student-athletes?

5. What comes to mind when you think of well-being?
6. How do you define mental health?
7. What are your views on mental health?
8. How do you feel depression affects people?
9. Have you been injured playing football?
 - a. Is yes, how has/did your injury impact you?
 - b. After you were injured, what services were available to you to help you recover?

What barriers does this population perceive in seeking treatment?

1. What types of mental health services are offered to you?
 - a. What are sport psychologists? What is their role?
2. How do you feel coaches and administrators at your university view mental health?
3. What role does your community play in you seeking mental health services?
4. What role does your coach play in you seeking mental health services? Do your coaches talk about mental health?
5. How do teammates feel about mental health and mental health treatment?
6. What do you feel your teammates don't seek mental health treatment?

How does your family view mental health illness and treatment?

Appendix Two: Informed Consent

INFORMED CONSENT STATEMENT

Todd Wilkerson, MS., Sarah Stokowski, PhD, University of Arkansas

The Department of Health, Human Performance and Recreation at the University of Arkansas, support the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that participation is completely voluntary and that even if you agree to participate, you are free to withdraw at any time without penalty. Your relationship with the investigators will not be affected in any way if you refuse to participate.

You are invited to participate in a research study. We are conducting this study to better understand a African American student-athletes experiences with mental health. For this study you will be asked a list of questions focused on your experience with mental health. Interviews will take place on campus, face-to-face, and last approximately one hour. You must be at least 18 years old to participate.

The interviews include questions that you may find upsetting as they may elicit uncomfortable emotions, or cause embarrassment. If you do not wish to answer a specific question, you may opt to skip to the next question. If at any time you do not wish to continue, you may choose to end the interview without penalty.

Participation may have potential to benefit you directly and we believe that the information obtained from this study will help us gain a better understanding of mental health, which may help higher education institutions, collegiate athletic departments, coaching staffs, administrators, and all other professionals associated with intercollegiate athletics better understand the mental health among student-athletes.

All information collected will be kept confidential to the extent allowed by law and University policy. You will choose a pseudonym during the interview in which the researchers will use in any documents or reports. Your identity, if provided, will not be noted in reports in which the study may be published.

Your participation is solicited, although strictly voluntary. If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail. At the conclusion of the study, you will have the right to request feedback about the results. You may contact us by email or phone.

If you have any questions or concerns about your rights as a research participant, you may contact the Research Compliance Department:

The University of Arkansas Research Compliance:

Phone: 479-575-2208

Email: irb@uark.edu

Mail:

Ro Windwalker, CIP

Institutional Review Board Coordinator

Research Compliance

University of Arkansas

109 MLKG Building

Fayetteville, AR 72701-1201

If you have any other questions about the research, please contact any of the researchers listed below:

Sincerely,

Todd Wilkerson, M.S., Co-Investigator

Department of Health, Human Performance and Recreation

University of Arkansas

Fayetteville, AR, 72701

(479)575-2976

Sarah Stokowski, PhD, Faculty Advisor

Department of Health, Human Performance and Recreation

University of Arkansas

Fayetteville, AR, 72701

(479)-575-5461

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix Three: IRB Approval



To: Todd A Wilkerson
 BELL 4188
From: Douglas James Adams, Chair
 IRB Committee
Date: 05/07/2019
Action: **Expedited Approval**
Action Date: 05/07/2019
Protocol #: 1904192903
Study Title: Barriers of African American Student-Athletes in Seeking Mental Health Services
Expiration Date: 05/01/2020
Last Approval Date:

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Sarah Elizabeth Stokowski, Investigator